

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ CHART #: \_\_\_\_\_ TIME \_\_\_\_\_ AM  
PM

*Circle the answers that are correct for your child.*

- |   |    |    |     |
|---|----|----|-----|
| 1. Is there anyone in your family with a history of tuberculosis or a positive TB skin test (PPD)?  | 1. | no | yes |
| 2. Are you, your child or a household member foreign born, particularly from countries where tuberculosis is common? (South & Central America, Africa, Southeast Asia)  | 2. | no | yes |
| 3. Have any members of the family or close contacts recently been in jail or prison?  | 3. | no | yes |
| 4. Is there a history of HIV or AIDS in the family or close contacts?   | 4. | no | yes |
| 5. Does your child have cancer, Hodgkin's disease, lymphoma, diabetes mellitus, chronic renal failure, malnutrition, or exposure to immunosuppressive medicine?   | 5. | no | yes |
| 6. Are you or your child exposed to HIV infected individuals, homeless people, users of IV or other street drugs, poor or medically indigent city dwellers, residents of nursing homes or migrant farm workers? | 6. | no | yes |
| 7. Has your child spent more than six weeks in a country where tuberculosis is common? (South & Central America, Africa, Southeast Asia)  | 7. | no | yes |
| 8. Does your child have unexplained weight loss, unexplained night sweats, unexplained persistent cough for more than three weeks, or cough with the production of bloody sputum?                               | 8. | no | yes |

SIGNATURE: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

***Please see other side for yearly reviews***

Date Read: \_\_\_\_\_

**TB RISK  
ASSESSMENT**

Date

At Risk?

No Yes

PPD \_\_\_\_\_  
date placed, initial

\_\_\_\_\_ mm \_\_\_\_\_  
results initials

MD Signature

NAME:

DOB:

CHART #:

TIME

AM  
PM

**YEARLY REVIEW**

**SIGNATURE**

**DATE**

**MD / NP**

My answers are the same: YES / NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My answers are the same: YES / NO

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My answers are the same: YES / NO

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My answers are the same: YES / NO

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My answers are the same: YES / NO

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My answers are the same: YES / NO

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My answers are the same: YES / NO

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My answers are the same: YES / NO

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My answers are the same: YES / NO

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My answers are the same: YES / NO

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