



## Tuberculosis Screening Questionnaire

Has your child come in contact with anyone known or suspected to have tuberculosis? \_\_\_\_\_yes \_\_\_\_\_no

Have you or your child immigrated from, or traveled to countries with high levels of TB? (Asia, Middle East, Africa, Latin America) \_\_\_\_\_yes \_\_\_\_\_no

Has your child had close contact with someone indigenous to one of the above countries? \_\_\_\_\_yes \_\_\_\_\_no

Has your child had regular exposure to anyone in a nursing home, a homeless person, an incarcerated person, a migrant farm worker, a drug user, or HIV positive person? \_\_\_\_\_yes \_\_\_\_\_no

Has anyone in your family tested positive on a PPD test? \_\_\_\_\_yes \_\_\_\_\_no

Patient Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed By: \_\_\_\_\_

Today's Date: \_\_\_\_\_