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TB Risk Assessment

Parents, your answers will help us find out your child's risk for TB exposure.

Child's Name _____ Date _____ Center _____

One "Yes" response to questions below indicates an automatic referral.

- 1. Has the child come in close contact with a person infected with TB? Yes No
- 2. Is the child infected with or at risk of infection of HIV? Yes No
- 3. Is the child foreign born, a refugee or a migrant? Yes No
- 4. Has the child had contact with an incarcerated person or a person who has been incarcerated within the last 5 years? Yes No
- 5. Has the child been exposed to any of the following:
nursing homes, institutionalized adolescents or adults, users of illicit drugs, migrant farm workers and/or those who have recently visited outside of the U.S.? Yes No
- 6. Does the child live in a community in which it has been established at high risk for TB? Yes No
- 7. Has the child traveled outside of the U.S. since his/her last medical visit? Yes No

1st Year Parent Signature: _____ Date: _____

1st Year Staff Signature: _____ Date: _____

2nd Year Parent Signature: _____ Date: _____

2nd Year Staff Signature: _____ Date: _____