



Tuberculosis Screening Questionnaire

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Has your child had a previous Tuberculin Skin Test / Purified Protein Derivative (PPD) Plant or TB Quantiferon blood draw?

Yes or No ? Date: \_\_\_\_\_ Type: \_\_\_\_\_

Has your child been exposed to someone who has or had active Tuberculosis? Yes No

Has a family member had a positive tuberculosis skin test (PPD test)? Yes No

Has your child traveled or lived in Asia, Africa, Central/South America, Mexico, East Europe, Caribbean, or Middle East? Yes No

Has someone from any of the above countries visited your child? Yes No

Does your child come in contact with prison inmates? Yes No

Does your child come in contact with patients in group or nursing homes? Yes No

Does your child come in contact with anyone that is HIV positive? Yes No

Was your child born in a high risk country? Yes No  
(Countries other than the US, Canada, Australia, New Zealand, Western Europe)

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