

Pediatric TB Risk Assessment Questionnaire

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Patient Name: _____

Patient DOB: _____

Person completing this form: _____ Date: _____

Use this questionnaire to assess children for risk factors for Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI). Test with a TST only if one or more risk factors are present. "Routine" or "mandated" LTBI testing policies for pediatric patients without risk factors are strongly discouraged.

1. Was the child born out of the U.S.? Yes _____ No _____

If the child was born in Africa, Asia, Latin America, or Eastern Europe, a TST should be placed.

2. Has the child traveled outside of the U.S.? Yes _____ No _____

If the child stayed with friends or family in Africa, Asia, Latin America or Eastern Europe for more than one week, a TST should be placed.

3. Has the child been exposed to anyone with TB Infection?

Yes _____ No _____ Who and when? _____

If yes, then determine if the person had TB disease or LTBI.

When did the exposure occur?

What was the nature of the contact?

If confirmed that the child has been exposed to someone with suspected or known TB disease, a TST should be placed.

If it is determined that a child has had contact with a person with TB disease, notify local health department as per local reporting guidelines.

4. Does the child have close contact with a person who has a positive TB skin test?

Yes _____ No _____ Who? _____

5. Does the child spend any time with someone who has been in jail, prison or a shelter, who uses illegal drugs, or has HIV? Yes _____ No _____

6. Has the child ever had raw milk or unpasteurized cheese? Yes _____ No _____

7. Is the child exposed to a household member who was born outside of the U.S.?

Yes _____ No _____ Who and where? _____

8. Is the child exposed to a household member who has traveled out of the U.S.?

Yes _____ No _____ Who, where and when? _____

OFFICE USE: For any "yes" answers, place ppd:

Location _____ MFX _____ Lot # _____ Exp Date: _____

Nurse Signature: _____