

J.PATRICK HIEBER, M.D., D.A.B.P.

TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE

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| 1. Was your child born in a country other than the United States?
If yes, where was he/she born? _____ | Yes No |
| 2. Was this child's mother or father born in a country other than the United States?
If yes, where were they born? _____ | Yes No |
| 3. Has this child traveled to another country since their last physical exam?
If yes, where did he/she travel? _____ | Yes No |
| <p>With whom did he/she stay? Friends Relatives Hotel</p> <p>How long did he/she travel? Less than 1 week 1 week or more</p> | |
| 4. Has this child been exposed to anyone with tuberculosis since his/her last physical exam? | Yes No |
| 5. Does this child have close contact with anyone with a positive tuberculosis skin test since his/her last physical exam? | Yes No |
| 6. Does this child spend time with anyone who has been in jail or a shelter, uses illegal drugs or has HIV/AIDS since his/her last physical exam? | Yes No |
| 7. Does any person live or work in this child's home who was born in a country other than the United States or has had significant foreign travel to high risk areas?
If yes, in what country were they born? _____ | Yes No |