

The Kidz Docs

Pediatric & Adolescent Medicine

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Tuberculosis Risk Factor Questionnaire

Patient Name: _____ DOB: _____ Today's Date _____

Parent/guardian, please circle YES or NO

1. Was your child born outside the United States? YES NO
2. Does your child have a **household member** who was born outside of the U.S. or lived outside the U.S. within the past 10 years? YES NO
3. Has your child traveled outside of the U.S.? YES NO If yes, where to and for how long? _____
4. Has your child ever had a TB skin test? YES NO If yes, when? _____ Result: Positive Negative
5. Does your child have **regular** contact with someone with a positive tuberculosis test? YES NO
6. Does your child have **regular** contact with anyone who has been, in jail, a shelter, or in a nursing home? YES NO
7. Is your child immunocompromised by HIV, medication, or chemotherapy? YES NO
8. Does your child have regular contact with someone who uses IV drugs, or someone who is immunocompromised by HIV, medication, or chemotherapy? YES NO
9. Is your child in foster care or adopted? YES NO
10. Do you have any concerns that your child may have symptoms of tuberculosis? YES NO