

Pediatric TB (Tuberculosis) Risk Assessment Form

Based on Illinois Department of Public Health Form

This form should be completed once/year from ages 1-18.

1. Does your child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest X-ray? YES NO
2. In the last 2 years, has your child lived with or spent time with someone who has been sick with TB? YES No
3. Was you child born in Africa, Asia, Pacific Islands (except Japan,) Central America, South America, Mexico, Eastern Europe, The Caribbean, or the Middle East for more than 1 month? YES NO
4. Has your child lived or traveled in Africa, Asia, Pacific Islands (except Japan ,) Central America, South America, Mexico, Eastern Europe, The Caribbean, or The Middle East for more than 1 month? YES No
5. Have any members of your child's household come to the United States from another country? YES NO

Please mark if your child has been exposed to any of the following high risk conditions and then answer question 6:

- Is currently in jail or has been in jail in the past 5 years?
- Has HIV?
- Is homeless?
- Lives in a group home?
- Uses illegal drugs?
- Is a migrant farm worker?

6. Is you child exposed to a person who is at High Risk for TB? (Answer Yes to this question if you checked any of the conditions above) YES NO

7. Is you child/teen in jail or ever been in jail? YES NO

8. Does your child have any history of immunosuppressive disease or take medications that might cause immunosuppression? YES NO