TUBERCULOSIS RISK ASSESSMENT

CHILD'S NAME:
DATE OF BIRTH:

HAS YOUR CHILD RECENTLY BEEN EXPOSED TO ANY OF THE FOLLOWING CONDITIONS?

| DATE: | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Close contact of a person with infectious Tuberculosis | | | | | | | | | | | | | | |
| Foreign born persons where Tuberculosis is endemic- Asia, Africa, Latin America | | | | | | | | | | | | | | |
| Residents of nursing homes or correctional facilities | | | | | | | | | | | | | | |
| Homeless persons, migrant farmworkers, medically under-served, low-income population | | | | | | | | | | | | | | |
| Persons with occupational exposure to Tuberculosis | | | | | | | | | | | | | | |