TB Screening Evaluation

Yes No Unsure **Child's Name** _____

Age _____ **Date** _____ **Chart** _____

(☐) (☐) (☐) **1. Was your child born outside the United States?**

If so, where? _____

(☐) (☐) (☐) **2. Has your child traveled outside of the United States?**

If so, for how long? _____ **Where?** _____

(☐) (☐) (☐) **3. Has your child ever lived with someone who has tuberculosis?**

(☐) (☐) (☐) **4. Has your child ever lived with someone who travels extensively outside the country or lived outside the country?**

Please note: Most children in Middle Tennessee are at extremely low risk for tuberculosis. Only about 1% of our patients need to have a TB skin test.

Has your child had a TB skin test?

☐ **No** ☐ **Yes, within the past year**

☐ **1-2 years ago** ☐ **Yes, more than 2 years ago**

Assessment

_____ **Low risk** _____ **High risk, needs PPD** _____ **High risk, but has had negative PPD**

Scored by: _____ Date Scored: _____