

Name: _____
DOB: _____ Date: _____

Patient Name: _____
Date of Birth: _____
Date: _____

Tuberculosis Risk Assessment Questionnaire:

Individuals treated for tuberculosis or currently active should not be tested. Any "yes" answers mean the child is at high risk and should receive a tuberculin skin test, which should be read by a health professional and the public health department should be notified if the TB skin test result high risk. For children <6 months is negative, please retest the child at 6 months of age.

1. Is the patient in close contact of a person with infectious tuberculosis? YES NO
2. Does the patient have a medical condition or treatment of medical condition that suppresses the immune system? YES NO
3. Is the patient in contact with a person in prison or a person who has been in prison in the last 5 years? YES NO
4. Does the child have HIV infection or considered at risk for HIV infection? YES NO
5. History of TB now or any time in the past? YES NO
6. Does the patient live in a community in which it has been established that a high risk exists for TB? YES NO
7. Has the patient traveled to any foreign countries or been in contact with any visitor from a foreign country since last medical visit? YES NO
8. Is the patient exposed to any of the following individuals: YES NO
_____ HIV infected
_____ Homeless
_____ Nursing home residents
_____ Institutionalized/incarcerated adolescents or adults
_____ User of illicit drugs
_____ Migrant farm worker
9. Is the patient or parent foreign born, a refugee or a migrant? YES NO

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Lead Information and risk assessment questionnaire

How people are exposed to lead:

People are exposed to lead by breathing air, drinking water, eating food, or swallowing or touching dust or dirt that contains lead. People can be exposed if they live near a hazardous waste site: live or work in buildings that contain deteriorated lead based paint, or use lead in their jobs or hobbies. Lead also exists in some food cans that have been improperly soldered in pottery that has been improperly glazed. The most common source of children exposure to lead is contaminated dust from older homes that contain lead based paint. Children can also be exposed to lead by eating paint chips that contain lead or by playing in lead-contaminated dirt.

How lead affects people's health:

For children 5 years old or younger, lead levels of 10 micrograms or more in a deciliter of blood can damage children's ability to learn. A microgram is 1 millionth of a gram. A deciliter is about half a cup of liquid. At levels higher than 10 micrograms per deciliter, lead can damage people's kidneys and reproductive systems. At very high levels, lead poisoning can cause mental retardation, coma, convulsions, and death. Of all people, young children face the most danger from exposure to lead because of their growing bodies absorb more lead than adult bodies. Pregnant women and women of childbearing age are also at increased risk of lead poisoning because lead ingested by the mother can affect the unborn fetus.

Lead Questionnaire

Please read and answer the following questions and circle your answer:

- 1). Does your child live in or regularly visit a daycare or house built before 1978? YES NO
- 2). Does your child live in or regularly visit a house built before 1978 that has chipping paint or has been remodeled within the last 6 months? YES NO
- 3). Does your child live with someone that works or has hobbies that use lead? YES NO
- 4). Has your child ever received a lead test? YES NO
- 5). Does your child have siblings or playmates that have lead poisoning? YES NO
- 6). Does your child sometimes eat non food items such as soil or paint? YES NO
- 7). Does your child live near a highway? YES NO
- 8). Does your child use homemade remedies or pottery? YES NO
- 9). Does your child live near a factory that may release lead into the air? (For example: smelting plant or battery recycling plant) YES NO
- 10). Does your child receive medications Greta, Azarcon, Kohl, or Play-loo-ah? YES NO

TB Questionnaire

- 1). Is the patient in close contact with a person with infectious tuberculosis? YES NO
- 2). Does the patient have a medical condition or treatment of a medical condition that suppresses the immune system? YES NO
- 3). Is the patient in contact with a person in prison or a person who has been in prison in the last 5 years? YES NO
- 4). Does the child have HIV infection or considered at risk for HIV infection? YES NO
- 5). History of TB now or any time in the past? (even if on medication) YES NO
- 6). Does the patient live in a community in which it has been established that a high risk exists for Tuberculosis? YES NO
- 7). Has the patient traveled to any foreign countries or been in contact with any visitor from a foreign country since last medical visit? YES NO
- 8). Is the patient exposed to the following individuals: HIV infected, homeless, nursing home residents, incarcerated adolescents or adults, users of illicit drugs, institutionalized adolescents or adults or migrant farm workers? YES NO
- 9). Is the **patient** or **parent** foreign born, a refugee or a migrant? YES NO