

## Tuberculosis Screening

1. Has your child ever lived or travelled outside the United States?

Yes    No    If yes, to where and for how long?

2. Is your child under treatment or known to have diabetes, chronic kidney disease, immunosuppressive disorder, taking long term steroids, or having any other serious illness?

Yes    No

3. Is your child living with or regularly exposed to someone:

With known or recently treated TB?

Yes    No

Who is a substance abuser or is HIV positive/has AIDS?

Yes    No

Who has recently been resident of a correctional institution?

Yes    No

Living in poverty, substandard housing, no running water, etc.?

Yes    No

From a region of the world with high TB prevalence?

Yes    No

If the answer is Yes to any of the above, has the individual been tested for TB?

Yes	No	What was the result?	Negative	Positive
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