



3650 Joseph Siewick Dr  
Suite 101  
Fairfax, Virginia 22033  
703-391-0900

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Child's Name: (printed please)

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Date of Birth

## **TUBERCULOSIS QUESTIONNAIRE**

Tuberculosis (TB) can be treated when detected early. While yearly screening is not necessary for everyone, screening by skin tests can detect disease and allow for proper treatment. To help determine your child's risk, please consider the following questions.

1. Was your child born in Africa, Asia, Latin America, or Eastern Europe?  yes  no
2. Has the child traveled outside the United States? Did your child stay with friends or family in any of the above-mentioned areas for a week or longer?  yes  no
3. Has the child been exposed to anyone with TB disease?  yes  no
4. Does your child have close contact with a person who has a positive TB skin test?  yes  no
5. Does your child have:
  - Diabetes?  yes  no
  - Chronic Renal Disease?  yes  no
  - An immunosuppressive disease?  yes  no
  - Taking high dose corticosteroids  yes  no
  - Other serious illness or condition?  yes  no

Explain:

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Parent's Name Printed

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Date:

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Parent's Signature

Staff use only:

Account # \_\_\_\_\_