



## Tuberculosis (TB) Risk Assessment Form

The purpose of the TB Risk Assessment Form is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. A child with any risk factor described below may be a candidate for TB testing.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### ***TB Risk Assessment***

- Was the child born in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe or the Middle East?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what country was the child born? \_\_\_\_\_

- Has the child lived or traveled in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Has the child lived with or spent time with someone who has been diagnosed with TB?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, the child has an increased risk of TB infection and should have a TB test performed by their family doctor.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_