

## Pasadena Public Health Department Tuberculosis (TB) Clinic / Immunization Clinic

## **Pediatric TB Risk Assessment Questionnaire**

Name of Child: Chi	ild's Date of Birth:	
1. Was your child born outside of the United States?	Yes No	
If yes, where was your child born?		
2. Has your child traveled outside of the United States?  Yes No		
If yes, where did your child travel?		
With whom did your child stay?		
How long did your child stay there?		
3. To your knowledge, has your child been exposed to anyone with TB disease?		
☐ Yes ☐ No		
4. To your knowledge, has your child had close contact with a person who has had a positive TB skin test?    Yes    No		
If yes, do you know if the person had TB disease or latent TB infection (LTBI)?		
☐ TB Disease ☐ LTBI ☐ I don	't know	
When did your child last have contact with that person?		
What was the nature of the contact?		
Screening Completed By:	Date:	



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## Pediatric TB Risk Assessment Questionnaire & Healthcare Provider Follow-Up\*

Name of Child:	Child's Date of Birth:
Questions for Parent/Guardian	<b>Health Care Provider Follow-Up</b>
1. Was your child born outside of the United States?  Yes No  If yes, where was your child born?	If the parent or child was born in Africa, Asia, Latin America, or Eastern Europe, a TST or IGRA should be placed
2. Has your child traveled outside of the United States?  Yes No  If yes, where did your child travel?	If the child has been in Africa, Asia, Latin America, or Eastern Europe for 1 week cumulatively, a TST or IGRA should be placed.
With whom did your child stay?	
How long did your child stay there?	
3. To your knowledge, has your child been exposed to anyone with TB disease?                Yes	If confirmed that the child has been exposed to an individual with suspected or known TB disease, a TST or IGRA should be placed.
4. To your knowledge, has your child had close contact wi a person who has had a positive TB skin test?  Yes No  If yes, do you know if the person had TB disease or late TB infection (LTBI)?	close contact with an individual with a positive skin test, a TST or IGRA
☐ TB Disease ☐ LTBI ☐ I don't kno	ow l
When did your child last have contact with that person	
What was the nature of the contact?	
Screening Completed By:	Date:

<sup>\*</sup> Adapted from the California Child Health and Disability Prevention Program, Risk Assessment Questionnaire, Distributed 03/21/11, Provider Information Notice 11-04