

TUBERCULOSIS AND LEAD SCREENING

Please fill out this form to help your provider know the best way to care for your child.

Tuberculosis

1. Were you or your child born outside the United States or on an Indian reservation? Yes _____ No _____
2. Have you or your child been outside the United States for an extended visit in the last 5 yrs? Yes _____ No _____
3. Does anyone in your home have Tuberculosis (TB)? Yes _____ No _____
4. Has anyone living in your home been in jail in the last 5 yrs? Yes _____ No _____
5. Is your child in contact with anyone who has HIV/AIDS or anyone who uses intravenous/other street drugs? Yes _____ No _____
6. Have you lived in a homeless shelter in the past 5 yrs? Yes _____ No _____
7. Is anyone immunocompromised in your family?
(taking Prednisone chronically, on chemotherapy, etc.) Yes _____ No _____
8. Does anyone in your family live in a nursing home or long term care facility? Yes _____ No _____

Lead

1. Does your child live in or regularly visit a house that was built before 1950?
(this could include a day-care, preschool, babysitter or relative) Yes _____ No _____
2. Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling (within the last 6 months)? Yes _____ No _____
3. Does your child have a sibling or playmate who has or did have lead poisoning? Yes _____ No _____
4. Does your child live with an adult whose job or hobby involves exposure to lead? Yes _____ No _____
5. Does your child live near or play on tailings from mining or milling operations? Yes _____ No _____

Patient Name: _____ DOB: _____ Date: _____