



Child Health Services - Tuberculosis (TB) Risk Assessment

Circle Yes or No

1. Is the child in close contact to a person sick with active TB disease? *
Yes No
2. Does the child have or is at risk to have HIV?
Yes No
3. Was the child or the child's parent born outside the US?
Yes No
4. Is the child exposed to a person in jail or a person who has been in jail in the past five years?
Yes No
5. Is the child exposed to a person who has HIV, who is homeless or who lives in a nursing home or another group home?
Yes No
6. Is the child exposed to drug users or migrant farm workers?
Yes No
7. Does the child have a health problem that lowers the immune system?
Yes No
8. Does the child live in a community that has a high risk for TB?
Yes No
9. Has the child traveled to or had a visitor from any foreign country since the last visit?
Yes No
10. Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss, or fatigue) or an abnormal chest x-ray? *
Yes No

*** Call the Health Department**

Any 'yes' answer means the child is High Risk and should have a Mantoux TB skin test. The test should be read by a Health Professional.

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