

TUBERCULIN SKIN TEST: RISK ASSESSMENT QUESTIONNAIRE TO AGE 18



Public Health
Prevent · Promote · Protect

Logan County
Department of Public Health

(217)-735-2317

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____

QUESTION:	1. 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?	Y	N	IF YES, PLEASE SPECIFY	
	2. In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	Y	N		
	3. Was the child born in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East for more than one month?	Y	N		
	4. Has the child lived or traveled in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East for more than one month?	Y	N		
	5. Have any members of the child's household come to the United States from another country?	Y	N		
	6. Is the child exposed to a person who: <ul style="list-style-type: none"> • Is currently in jail or who has been in jail in the past 5 years? • Has HIV? • Is homeless? • Lives in a group home? • Uses illegal drugs? • Is a migrant farm worker? 	Y	N		
	7. Is the child/teen in jail or ever been in jail?	Y	N		
	8. Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	Y	N		

YES OR NO
(CIRCLE ONE)

I hereby acknowledge that I received a copy of the "Notice of Privacy Practices" from the Logan County Dept. of Public Health revised 9/23/2013.

_____/_____/_____
INFORMATION PROVIDED BY (PARENT/GUARDIAN SIGNATURE) DATE

OFFICE USE ONLY

_____ YES _____ No Tuberculin Mantoux is needed at this time.

_____/_____/_____
COMPLETED BY (NURSE) DATE