

**Tuberculosis Risk Assessment**

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Information provided by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Circle the appropriate answer

1) Has your child been exposed to anyone with a case of TB? Yes / No

2) Was your child, or a household member, born in an area where

 TB is common (e.g. Africa, Asia, Latin America and the Caribbean)? Yes / No

3) Has your child, or household member, lived more than a year in

an area where TB is common? Yes / No

4) Does your child have daily contact with adults at high risk for TB

 (e.g. those who are HIV infected, homeless, incarcerated, and/or

 illicit drug users)? Yes / No

5) Does your child have a problem with their immune system (e.g.

from certain medications or HIV infection)? Yes / No

(A “yes” response to any question indicates a positive risk.)

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