Kids' Medical Care
Diana McLaughlin, MD
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Naples, FL 34110
239-591-8481
239-596-0212 (FAX)

Name: _____
MR#: _____
DOB: _____
Date: _____

TUBERCULOSIS RISK Questionnaire

Based on American Academy of Pediatrics (AAP) Recommendations; Centers for Disease Control and Prevention (CDC). United States, 2010. *MMWR*. June 25, 2010, Vol. 59, No. RR-5.

Questions to be asked of parent/guardian (adolescents older than 16 y.o. can be asked directly):		
1. Has your child had contact with Tuberculosis disease in the past 12 months?	Yes □	No □
2. Has a family member or friend had Tuberculosis disease in the past 12 months?	Yes □	No □
3. Has a family member or friend tested positive for Tuberculosis in the past 12 months?	Yes □	No □
4. Has your child traveled to a high-risk country for more than 1 week in the past 12 months? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western Europe.)	Yes □	No □
5. Does your child have a household member who has traveled outside the United States in the past 12 months to a high-risk country? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western Europe.)	Yes □	No □
6. Does your child spend time with anyone who has been in jail (or prison) or shelter, uses illegal or intravenous drugs, or has HIV in the past 12 months?	Yes □	No □
7. Has your child drunk raw milk or eaten unpasteurized cheese in the past 12 months?	Yes □	No □

If there is a "Yes" response to any of the questions above, then PPD Tuberculin Skin testing or IGRA testing should be performed.

If a PPD Tuberculin Skin Test is performed, I, the legal guardian, promise to notify KIDS' MEDICAL CARE immediately, if my child has any reaction such as redness, discoloration, swelling or bump after 72 hours.

I, the legal guardian, certify that I have truthfully answered the above questions to the best of my knowledge.

*Date:*_____ *Print Name:*_____ *Signature:*_____