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Today's Date: _____

TB (Tuberculosis) Risk Assessment

*** You (your child) may be at increased risk for TB if you answer YES to any of the following questions:**

	Date	Date	Date	Date
1. Do you have a family member or close contact with history of confirmed or suspected TB?				
2. Are you from Asia, Africa, Central America or South America? (These areas have a higher prevalence of TB.)				
3. Do you (does your child) live in an "out of home" placement facility?				
4. Do you (does your child) have a history of confirmed or suspected HIV infection?				
5. Do you (does your child) live with any individual who is HIV positive?				
6. Have you been, or do you (does your child) live with any individual who has been incarcerated in the last 5 years?				
7. Do you (does your child) live among, or are you (is he/she) frequently exposed to individuals who are homeless, migrant farm				
7. Do you (does your child) live among, or are you (is he/she) frequently exposed to individuals who are homeless, migrant farm workers, users of street drugs, or resident in a nursing home				

*** A person who is at increased risk for TB should have a yearly TB test.
 (All children are tested routinely for TB at 4-5 years, 13-16 years, regardless of risk)**

Name: _____