



TB Risk Assessment	
Has your child lived outside the United States for 1 month or more? If yes, please list countries and approximate dates.	Yes No
Has your child had a positive TB test in the past? If yes, when and what type of treatment did they have?	Yes No
Is your child had close contact with someone with TB or a positive TB test? If yes, please provide details.	Yes No
Is your child in close contact with someone who has HIV/AIDS or IV Drug user?	Yes No
Is your child in close contact with someone who lives in a nursing home, shelter, jail, or substandard housing?	Yes No

Name: _____

DOB: _____

Completed by: _____

Date: _____