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**STUDENT'S NAME (PRINT)**

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**DATE OF BIRTH****PLEASE ANSWER ALL OF THE QUESTIONS BELOW**

1. Was your child born in Africa, Asia, Latin America, or Eastern Europe?  
 Yes    No
2. Has your child traveled to or stayed in Africa, Asia, Latin America or Eastern Europe for more than 1 week?  
 Yes    No
3. Has your child been exposed to anyone with active TB disease?  
 Yes    No
4. Does your child have close contact with a person who has a positive TB skin test?  
 Yes    No
5. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs or has HIV?  
 Yes    No
6. Has your child drank raw milk or eaten unpasteurized cheese?  
 Yes    No
7. Does your child have a household member who was born in Africa, Asia, Latin America or Eastern Europe?  
 Yes    No
8. Does your child have a household member who has traveled in Africa, Asia, Latin America, or Eastern Europe?  
 Yes    No

The child has been screened by his/her Pediatrician or provider. Based upon the results of the TB Risk Assessment Questionnaire, the child:

- does not require Tuberculosis (TB) skin test.  does require a Tuberculosis (TB) skin test.

Date Form Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Parent/Guardian's Signature