STUDENT’S NAME (PRINT)                                      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:       /       /       

Parent/Guardian’s Signature

Tuberculosis (TB) Risk Assessment Questionnaire

Revised 11/22/19