

Preventive Health Questionnaire

Child's Tuberculosis Risk Assessment

Child's Name: _____

Birthday: _____

Please check the Yes or No box after each question

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has child ever had a <u>positive</u> TB skin test or chest x-ray?
When? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Had contact with person with confirmed or suspected infectious tuberculosis
(Family member or friend) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has child emigrated from a foreign country where there is a history of
Tuberculosis? (Asia, Middle East, Africa, Latin America) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has child traveled to a foreign county or had contact with a native
person from such a country where there is a history of tuberculosis?
(Countries other than United States, Canada, New Zealand, Western
Countries) | <input type="checkbox"/> | <input type="checkbox"/> |

Child's Written Lead Risk Assessment

- | | | |
|---|--------------------------|--------------------------|
| 1. Does child live in or visit a house with peeling or chipping paint built before
1950? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does child live or visit a house built before 1978 with remodeling or renovations taking place?
(Remodeling meaning other than painting, carpet or wall paper removal) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does child have a family member or playmate being treated for abnormal
blood lead level? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does child live with an adult whose job or hobby involves exposure to lead? (Working on a farm,
bridge, tunnel, or highway construction areas, or with batteries, ammunition, or on firing range.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does child eat non- food items that may contain lead such as paint chips, dirt, and crayons, etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does child receive home or folk remedies that may contain lead or use pottery or ceramics dishware
bought outside the USA for drinking and cooking? (Dishware <u>not bought</u> in the United States) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has child had a change in residency or custody since last blood level Screening? | <input type="checkbox"/> | <input type="checkbox"/> |

Completed By: _____
Parent/guardian signature

Date: _____

Note: If any questions are answered yes, follow-up must be obtained and documented below.

Date: _____ Person making contact: _____

Person contacted (Name, Title & Organization) _____

Plan of action if any: _____