A survey to determine if your child is at risk for Tuberculosis

Child’s name ____________________________ Center ________________________

Please circle Yes or No.

1. Yes / No My child has contact with adults who have infectious tuberculosis.

2. Yes / No My child, the child’s parents, or people living in the same home as the child, are from regions of the world with a high prevalence of tuberculosis.

3. Yes / No My child is frequently exposed to farm workers who move from place to place.

4. Yes / No My child is frequently exposed to the following adults: HIV-infected individual, homeless persons, users of intravenous and other street drugs, and persons who have been incarcerated or are currently incarcerated.

5. Yes / No My child has been out of the United States within the last year.

Parent/Guardian ____________________________ Date ______________

FE III / HV ____________________________ Date ______________

_____ A PPD is not indicated at this time.

_____ A PPD is indicated

Early Head Start: The TB survey is administered to children 12 months old and up. For children under the age of 24 months a PPD is indicated ONLY if the answer to question #1 is “Yes.” You will complete the survey for children under the age of 12 months only if illness is suspected.