



**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.