COLLEGE OF SOUTHERN IDHAO
HEAD START/EARLY HEAD START
998 Washington St. N.
P.O. Box 1238
Twin Falls, Idaho 83303-1238
(208)-736-0741

This survey to determine if participants/volunteer is at risk for Tuberculosis

Name _____ Center _____

Please circle **Yes** or **No**.

Yes / No	I have had contact with adults who have infectious tuberculosis.
Yes / No	I am, or the people I live with are, from regions of the world with a high prevalence of tuberculosis.
Yes / No	I am frequently exposed to farm workers who move from place to place.
Yes / No	I am 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.
Yes / No	I have been out of the United States within the last year.

_____ _____

Participant/Volunteer Date CS/FEII Date

_____ A PPD is not indicated at this time.

_____ A PPD is indicated.