

Ute Indian Tribe Head Start

Tuberculosis Risk Assessment Questionnaire

Child's Name _____ Date of Birth ____/____/____

Please answer the following questions:

Date Completed ____/____/____

<p>1. Has the child lived with or spent time with someone who has been sick with TB?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please take your child to his/her health provider for a TB test.</p>
<p>2. Was the child born outside of the United States? In Africa, Asia, Pacific Islands, Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please take your child to his/her health provider for a TB test.</p>
<p>3. Has the child lived or traveled in Africa, Asia, Pacific Islands, Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than 1 month?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please take your child to his/her health provider for a TB test.</p>
<p>4. Have any members of the child's household come to the United States from another country?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please take your child to his/her health provider for a TB test.</p>
<p>5. Has the child been exposed to a person who:</p> <ul style="list-style-type: none">• Is currently incarcerated or has been incarcerated for the past 5 years?• Has HIV?• Is Homeless?• Uses illegal drugs?• Migrant Worker	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please take your child to his/her health provider for a TB test.</p>