



Pediatric Tuberculosis (Tb) Risk Assessment Questionnaire

Name of Child: _____

Child's Date of Birth: _____ Date of Risk Assessment: _____

Questions:

1. Was your child born in a high-risk country? * Yes No

2. Has your child traveled to a high-risk country* for more than 1 week? Yes No

3. Has a family member or contact had tuberculosis disease? Yes No

4. Has a family member had a positive Tuberculin Test? Yes No

* High-risk country: Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe