

Pediatric TB Risk Assessment Questionnaire

Name: _____

Date of Birth : _____

1. Has your child had any contact with a case of tuberculosis? _____
2. Was any household member, including your child, born in an area where TB is common (e.g. Africa, Asia, Latin America, and the Carribean)? _____
3. Has any household member, including your child, traveled to areas where TB is common for longer than two weeks (e.g. Africa, Asia Latin America, and the Carribean) since their last PPD test? _____
4. Does your child have regular (e.g. daily) contact with adults at high risk for tuberculosis (i.e those who are HIV infected, homeless, incarcerated, and/or illicit drug users)? _____
5. Does your child have HIV infection? _____

Any “yes” response is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test to your child.

_____ This child has been screened for risk of exposure to tuberculosis. Based upon the results of the TB risk assessment questionnaire, the child was not given Mantoux skin test.

Health care provider comments:

Doctor's signature: _____ Date: _____

The practice of universal Mantoux tuberculin skin testing of school children is no longer advocated by the Centers for Disease Control (CDC), American Thoracic Society (ATS), and the American Academy of Pediatrics (AAP). New recommendations for targeted tuberculin testing of high risk persons or groups have been defined in the official joint statements of the ATS/CDC and have been endorsed by the Infectious Diseases Society of America (IDSA) and the American Academy of Pediatrics in 1999. Adapted from the Delaware Health and Social Services Division of Public Health Pediatric TB Risk Assessment Questionnaire.