## Questions About Your Child and Tuberculosis (TB)

Child's Name_____Date of Birth _____

Your Name _____

Today's Date _____

We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB.

TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

| **Check the box that matches your answer:** | Yes | No | Do Not Know |
|---|---|---|---|
| 1. Has your child been tested for TB?<br>If yes, when? Please tell us the date / / | | | |
| 2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date / / | | | |
| 3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood. | | | |
| a. Has your child been around anyone with any of these problems? | | | |
| b. Has your child been around anyone sick with TB? | | | |
| c. Has your child ever had any of these problems or do they have them now? | | | |
| 4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia? | | | |
| 5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks?<br>Which country or countries did your child visit?_____ | | | |
| 6. Do you know if your child has spent more than 3 weeks with anyone who: | | | |
| Uses needles for drug use? | | | |
| Has AIDS? | | | |
| Was or is in jail or prison? | | | |
| Has just come to the United States from another country? | | | |

**FOR THE PROVIDER:**

If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.
If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.
If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes____ No____

I yes, Date administered ____/____/____ Date read ____/____/____ TST reaction _____mm

TST provider _____ _____
Signature Printed Name

If chest x-ray done, date ____/____/____ and results_____

Provider phone number (____) _____ City_____ County _____

If positive, referral to local/regional health department/specialist? Yes ____No____

If yes, name of health dept./specialist _____

Contact your local or regional health department if assistance is needed.
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