

# TUBERCULIN SKIN TEST: RISK ASSESSMENT QUESTIONNAIRE TO AGE 18



**Public Health**  
Prevent · Promote · Protect

Logan County  
Department of Public Health

(217)-735-2317

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>QUESTION:</b>	1. Was the child born outside the U.S.? →If Yes, where was the child born?	<b>YES OR NO (CIRCLE ONE)</b>	Y	N	<b>IF YES, PLEASE SPECIFY</b>	
	2. Has the child traveled outside the U.S.? →If Yes, where did the child travel? →With whom did the child stay? →How long did the child stay?		Y	N		
	3. Has the child been exposed to anyone with TB infection? →If Yes, when did the exposure occur?		Y	N		
	4. Does the child have close contact with a person who has a positive TB skin test?		Y	N		
	5. Does the child spend time with anyone who has been in jail, prison, shelter who uses illegal drugs, or has HIV?		Y	N		
	6. Has the child ever had raw milk or unpasteurized cheese?		Y	N		
	7. Is the child exposed to a household member who was born outside the U.S.?		Y	N		
	8. Is the child exposed to a household member who has traveled outside the U.S.?		Y	N		

I hereby acknowledge that I received a copy of the "Notice of Privacy Practices" from the Logan County Dept. of Public Health revised 9/23/2013.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
INFORMATION PROVIDED BY ( PARENT/GUARDIAN SIGNATURE ) DATE

### OFFICE USE ONLY

\_\_\_\_\_ Yes \_\_\_\_\_ No Tuberculin Mantoux is needed at this time.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
COMPLETED BY ( NURSE ) DATE