

**Patients Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Source of Information** \_\_\_\_\_

- Yes No** 1. Was your child born outside the United States?  
(Countries other than Canada, Australia, New Zealand, or  
Western Europe)
- Yes No** 2. Has your child traveled outside the United States for more  
than 1 week?
- Yes No** 3. Has your child been exposed to anyone with TB disease?
- Yes No** 4. Does your child have close contact with a person who has a  
positive TB skin test?
- Yes No** 5. Does your child spend time with anyone who has been in jail  
(or prison), a shelter, who uses illegal drugs, or who has  
HIV?
- Yes No** 6. Has your child drunk raw milk or eaten unpasteurized  
cheese?
- Yes No** 7. Does your child have a household member who was born  
outside the United States?
- Yes No** 8. Does your child have a household member who has traveled  
outside the United States?

**Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_