



# TB RISK ASSESSMENT FORM

The purpose of the TB Risk Assessment Form is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. A child with any risk factor described below is a candidate for TB testing, unless there is written documentation of a previous positive TB test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]).

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tb Risk Assessment	YES	NO
Was the child born in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East? In what country was the child born? _____ How long have you been in the US? _____		
Has the child lived or traveled in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?		
In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?		
Have any members of the child's household come to the United States from another country? ( within the past 1 year for > 30 days)		
Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?		

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse Reviewed

\_\_\_\_\_  
Date