

**Tuberculosis Questionnaire:**

1. Has the child traveled outside the U.S.? Yes \_\_\_\_ No \_\_\_\_  
If yes, where did your child travel? \_\_\_\_\_  
With whom did the child stay? \_\_\_\_\_
  
2. Has the child been exposed to anyone with TB infection? Yes \_\_\_\_ No \_\_\_\_  
If yes, when did the exposure occur? \_\_\_\_\_  
Does the child have close contact with a person who has a positive TB skin test?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, what is the nature of the contact? \_\_\_\_\_
  
3. Does your child spend time with anyone who has been in jail, prison, shelter or who uses illegal drugs, or has HIV? Yes \_\_\_\_ No \_\_\_\_
  
4. Is the child exposed to a household member who was born or traveled outside of the U.S. (i.e. Africa, Asia, Latin America or Eastern Europe)? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_  
Date