



Health Screening Questionnaire

Patient Name: _____ Date of Birth: _____

Date: _____ Signature of patient completing form: _____

TB Screen:

	Yes	No
1. Is there a family member or a household contact (including Nanny) with a history of TB or a history of a positive PPD?	Y	N
If so, have they been treated?	Y	N
2. Was your child or any other household member (including Nanny) born in or lived in a country with a high prevalence of TB (Asia, Africa, Eastern Europe, Latin America, India, Mexico, Philippines or the Middle East)?	Y	N
3. If your child was born in a foreign country, did he/she receive BCG?	Y	N
4. Does your child or any household contact have any of the following chronic medical conditions? HIV/AIDS, Diabetes, Renal Failure, Immunological deficiency, Leukemia or Lymphoma?	Y	N
5. Is your or a household contact currently on immunosuppressive therapy or receiving chemotherapy?	Y	N
6. Has your child or any household contact had close contact with a resident of an institution? (Nursing home, correctional facility, inpatient treatment facility)	Y	N
7. Has your child or any household contact been adopted or in the foster system?	Y	N
8. Has your child or any household contact traveled abroad for more than two weeks during the last five years?	Y	N

If so, what country and how long?

FOR CHILDREN 6 YEARS OR YOUNGER:

1. Does your child live in or regularly visit a home, preschool or daycare built before 1978?	Y	N
2. Is there a sibling, household contact or playmate being followed or treated for lead poisoning?	Y	N
3. Does any household contact have a hobby or occupation involving possible lead exposure?	Y	N
4. Does your child live near active lead smelter, battery recycling plant or other industry likely to release lead?	Y	N
5. Do you suspect your child has been exposed to lead?	Y	N
6. Does your child receive Medicare or WIC?	Y	N
7. What is your zip code? _____		