

*Riverdale Pediatrics, P.C.*

Child's name:

Date of birth:

## Tuberculosis Questionnaire

We need your help to find out if your child has been exposed to tuberculosis.

TB can cause fever of long duration, unexplained weight loss, or a persistent, sometimes bloody, cough.

Has your child been around anyone with any of the symptoms above?

Yes  No  Don't know

Has your child had any of the symptoms above?

Yes  No  Don't know

Has your child been around anyone sick with TB?

Yes  No  Don't know

Was your child born in an area where TB is common (Latin America—except Costa Rica—, Asia, Africa, Middle East —except Israel, Jordan, Lebanon or UAE—or Eastern Europe)?

Yes  No  Don't know

Has your child traveled for longer than three weeks to an area where TB is common (as listed above)?

Yes  No  Don't know

To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous drug user, HIV infected, in jail, or recently came to the US from another country?

Yes  No  Don't know

Has your child ever been tested for TB?

Yes  No  Don't know

If yes, please give date

Was the test positive?

Yes  No  Don't know

If the test was positive, what was done?

Your name

Your relationship to the child

Signature

Date