Date of Form Completion: \_\_\_\_\_\_\_\_\_\_\_

**FAREEDA N. ADEEB M.D., FAAP *DIPLOMATE AMERICAN BOARD OF PEDIATRICS* 275 O’CONNOR DR. STE B SAN JOSE,CA 95128 Office:408-279-8798 Fax:408-279-8777**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

**TB Risks Assessment**

1. Was your child born in Africa, Asia, Latin America, or Eastern Europe? \_ \_Yes \_\_No
2. Has your child traveled to a country with a high TB rate (for more than a week)? \_\_Yes \_\_No
3. Has your child been exposed to anyone with tuberculosis (TB) disease? \_\_Yes \_\_No
4. Has a family member or someone your child has been in contact with had a positive TB test or received medications for TB? \_\_Yes \_\_No
5. Was parent, household member someone your child has been in close contact with, born in or traveled to a country with high TB rate? \_\_Yes \_\_No
6. Has another risk factor for TB (i.e. one of those listed below this question)? \_\_Yes \_\_No

**If YES, to any of the above, the child has an increased risk of TB infection and should have a TST/IGRA.**

**Risk Factors for Tuberculosis (TB) in Children**

* Have clinical evidence or symptoms of TB
* Have a family member or contacts with history of confirmed or suspected TB
* Are in foreign-born families from TB endemic countries (including countries in Africa, Asia, Latin America, or Eastern Europe)
* Travel to countries with High rate of TB
* Contact with individual(s) with a positive TB Test
* Abnormalities on chest X-ray suggestive of TB
* Adopted from any high risk area or live in out of home placements
* Live with adult who has been incarcerated in the last 5 years
* Live among of frequently exposed to individuals who are homeless, migrant farm workers residents of nursing homes, or users of street drugs
* Drink raw milk or eat unpasteurized cheese (i.e. Queso fresco or unpasteurized cheese)
* Have, or are suspected to have, HIV infection or live with an adult with HIV seropositivity.