

TUBERCULOSIS RISK ASSESSMENT

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| 1. Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest x-ray? | Yes | No |
| 2. Has the child been in close contact to a person sick with active TB disease? | Yes | No |
| 3. Was the child born outside the United States or has the child traveled outside the United States? | Yes | No |
| 4. Does the child have a household member who was born outside the United States or who has traveled outside the United States? | Yes | No |
| 5. Is the child exposed to a person who | Yes | No |
| – Is currently in jail or who has been in jail in the past 5 years? | | |
| – Has HIV? | | |
| – Is homeless? | | |
| – Uses illegal drugs? | | |
| – Is a migrant farm worker? | | |
| 6. Does the child have HIV, at risk to have HIV or any other health problem that lowers the immune system? | Yes | No |
| 7. Is the child/teen in jail or ever been in jail? | Yes | No |

LEAD RISK ASSESSMENT QUESTIONNAIRE

1. Does your child live in or often visit a house that may have been built before 1978?
Yes No
2. Does your child live in or often visit a house that is being remodeled or is having paint removed?
Yes No
3. Does your child live with or often visit another child that has an elevated blood lead level?
Yes No
4. Does your child live with anyone that works at a job where lead may be found or has a hobby that uses lead?
Yes No
5. Does your child chew on or eat non-food items like paint chips or dirt?
Yes No
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
Yes No
7. Does your child receive medicines such as greta, azarcon, kohl, or pay-loo-ah?
Yes No