

Name: _____

Date: _____

Birth Date: _____

TUBERCULOSIS QUESTIONNAIRE

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| (1) Has your child ever received BCG (a TB vaccine sometimes given in foreign countries)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Has there ever been TB or a positive skin test for TB in any household member? This includes your child, extended family, overnight guests, frequent visitors, baby-sitters, and daycare providers. | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Was your child born outside the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Has your child lived outside the United States for more than a month? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Was any household member (like the list of people in question 2) born outside the United States? | <input type="checkbox"/> | <input type="checkbox"/> |



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- (6) Does any household member have HIV or AIDS?
- (7) Has any household member worked in or been put in jail or prison in the last 5 years?
- (8) Is your child a foster child or adopted child?

