## **Questions About Your Child and Tuberculosis (TB)**

Child's Name	Date of Birth			
Your Name	<u></u>			
Today's Date				
We need your help to find out if your child has been expas TB.	posed to the disease tu	berculosis	s, also known	
TB is caused by germs. It is usually spread to another phave TB germs in their body but not have active TB disc answers to the questions below will let us know if your canswers show your child might have picked up the TB gruberculin skin test (TST). The skin test is not a vaccina know if your child has the TB germs.	ease. TB can be prever child might have been e germs, we will want to g	nted and t exposed to live him o	reated. Your o TB. If your r her a	ı
Check the box that matches your answer:		Yes	No	Do Not Know
Has your child been tested for TB? f yes, when? Please tell us the date//				TATIOW
<ol><li>Have you ever been told that your child had a positive tube</li></ol>	rculin skin test			
TST)? If yes, when? Please tell us the date//  B. TB can cause fever that can last days or weeks. It can cause	se weight loss, a bad			
cough (lasting over two weeks), or coughing up blood.  a. Has your child been around anyone with any of the	ese problems?			
<ul><li>b. Has your child been around anyone sick with TB?</li><li>c. Has your child ever had any of these problems or</li></ul>	·			
<ol> <li>Was your child born in another part of the world like Mexico</li> </ol>				
Caribbean, Africa, Eastern Europe, or Asia? 5. Has your child been to Mexico or any other country in Latin				
Caribbean, Africa, Eastern Europe, or Asia for more than 3 we Which country or countries did your child visit?	eeks?			
6. Do you know if your child has spent more than 3 weeks wit	h anyone who:			
Uses needles for drug use? Has AIDS?				1
Was or is in jail or prison?	a from another accepts (2			
Has just come to the United State	s from another country?			_
FOR THE PROVIDER: If the prior test was negative and the answer to #4 is ye If the prior test was negative and occurred at least 8 we If the child does not need a repeat skin test. If the prior test was positive, the child does not need a repositive and indicate a chest x-ray as soon as possible.	eks after the situation of	described	in #3a, 3b, 5,	or
TST administered YesNo				
f yes, Date administered//Date read	//_TST reaction	on	mm	
TST providerSignature		Nama		_
Signature	Printed	iname		
f chest x-ray done, date	and results			_
Provider phone number	_City	County		_
If positive, referral to local/regional health department/s	pecialist? Yes	No	_	
f yes, name of health dept./specialist				_

Contact your local or regional health department if assistance is needed.

