



TB Skin Test Assessment Questions

EISD Health Services

Name: _____ Grade _____ Sex _____ Birth date _____

Does your child have a history of a Positive TB skin test?

YES NO I Don't Know

If YES – you must provide evidence from a physician, clinic, or other acceptable source that they do not have evidence of an active communicable disease.

Since your child's last TB skin test:

Has anyone in your family had tuberculosis?

YES NO I Don't Know

Do you know of any situation where your child was around an adult who has been diagnosed or suspected as having TB?

YES NO I Don't Know

Was your child born in or has your child visited a Foreign country where there is a lot of TB?

YES NO I Don't Know

If yes, which country/countries? _____

TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness, or coughing up blood.

Has your child been around anyone, who has these problems?

YES NO I Don't Know

Has your child had any of these problems?

YES NO I Don't Know

To your knowledge, has your child had contact with anyone who is at increased risk for TB infection? This includes contact with anyone who is/has been an intravenous (IV) drug user, HIV infected, in jail/prison, recently moved to the US from a foreign country?

YES NO I Don't Know

If the answer to any of these questions is "Yes", you should seek the advice of your child's physician regarding the need for a TB skin test.

Date

Parent Signature