

Child's Name: _____

Date: _____

Tuberculosis (TB) Exposure Questionnaire		
If any of the below questions are answered 'yes' or left blank, a TB skin test <i>may</i> need to be done		
1. Was your child born outside of the United States? If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has your child traveled outside of the United States? If yes, where, when and how long:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has your child lived or spent time with someone with TB? If yes, who and when:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your child have close contact with anyone with a positive TB test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs or has HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Was anyone in the household born outside of the United States? If yes, where:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has anyone in your household traveled outside of the United States? If yes, when and where:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has your child consumed raw milk or eaten unpasteurized cheese?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Please document any exceptions to the above questionnaire and indicate if a TB test is recommended. <div style="text-align: right;"><input type="checkbox"/> TB TEST NOT INDICATED</div>		

Lead Exposure Personal-risk Questionnaire		
If any of the below questions are answered 'yes' or left blank, a lead level <i>may</i> be required		
1. Has your child ever lived in or regularly visited a house that was built before 1950? This question could apply to a facility such as a home day-care center or the home of a babysitter or relative. If yes, where and when:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has your child ever lived in or regularly visited a house built before 1978 with recent or ongoing renovations or remodeling (within the last year)? If yes, where:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your child have a sibling or playmate that has or did have lead poisoning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your child chew on unusual things such as pencils, cribs, soil, paper, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has your child ever been given home remedies that contain "greta azarcon," "pap-loo-ah" or "kohl"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has your child ever lived overseas? If yes, when and where:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your child live with an adult whose job or hobby involves lead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Please document any exceptions to the above questionnaire and indicate if a Lead Blood Level Test is recommended. <div style="text-align: right;"><input type="checkbox"/> NO RISK FACTORS AT THIS TIME</div>		

Parent/Guardian Printed Name

Parent/Guardian Signature

Staff:
If family responds YES to any question, refer to family's doctor for follow-up. The Washtenaw County Health Department also conducts Lead and TB skins tests. Families can call 734-544-6700 for an appointment.

Follow Up Notes:

