



Age: 6mo 9mo 12mo 15mo 18mo 2yo 3yo 4yo 5yo  
 6yo 7yo 8yo 9yo 10yo 11yo 12yo 13yo 14yo  
 15yo 16yo 17yo 18yo

Date: \_\_\_\_\_ MD Reviewed:  \_\_\_\_\_

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## Tuberculosis (TB) Risk Assessment

**Child's Name** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Does your child have any symptoms of Tuberculosis (cough lasting more than two weeks, unexplained fever, night sweats, loss of appetite, weight loss or fatigue)?              | Yes | No |
| 2. Has your child been in close contact with a person with active Tuberculosis?   | Yes | No |
| 3. Was your child born in Africa, Asia, Latin America, or Eastern Europe?   | Yes | No |
| 4. Has your child traveled to any of the world's regions listed above and stayed with family or friends?  | Yes | No |
| 5. Is there a household member who was born in Africa, Asia, Latin America, or Eastern Europe?  | Yes | No |
| 6. Is there a household member who has traveled outside the United States to any of the world's regions listed above since this child was born and stayed with family or friends? | Yes | No |
| 7. Is your child exposed to any person who:   |     |    |
| is currently in jail or has been in jail in the past 5 years?   | Yes | No |
| has known HIV infection?  | Yes | No |
| is homeless?  | Yes | No |
| lives in a group home?  | Yes | No |
| uses illegal drugs?   | Yes | No |
| is a migrant farm worker?   | Yes | No |
| 8. Does your child have HIV (or is at risk for HIV) or any other health problem that lowers the immune system?  | Yes | No |
| 9. Is your child/teen in jail or ever been in jail?   | Yes | No |

**Please explain any situation where "Yes" was answered above:**

## Lead Risk Assessment

Age: 6mo 12mo 2yo 3yo 4yo 5yo 6yo

- |   |     |    |
|---|-----|----|
| 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 <i>greta</i> , <i>azarcon</i> , <i>kohl</i> , or <i>pay-loo-ah</i> ?       | Yes | No |