

MOORE PEDIATRICS AND ASSOCIATES
TUBERCULOSIS (TB) QUESTIONNAIRE

Name of patient _____

DOB _____

Today's Date _____

This Questionnaire has been filled out by _____

Relationship to Patient _____

What is Tuberculosis (TB)? It is a chronic bacterial infection. It is spread through the air and usually infects the lungs, although other organs and parts of the body can be involved as well.

What is the purpose of this questionnaire? The answers to these questions help us determine the likelihood that your child has been exposed to TB. If the chances are high that your child has been exposed to TB, then we will recommend that your child be tested.

1. Has anyone in the family had TB (Tuberculosis)? YES NO
2. Has your child been around an adult diagnosed or suspected of having tuberculosis? YES NO
3. Was your child born in/ visited a country besides Mexico or Canada? YES NO
4. Has your child been around anyone with TB symptoms (cough, night sweats, weight loss)? YES NO
5. Has your child had any symptoms of TB (cough, night sweats, weight loss)? YES NO
6. Has your child had contact with anyone who is/was an IV drug user, anyone who is HIV infected, or who is/has been in jail/prison? YES NO
7. Has your child recently moved to the US from a foreign country? YES NO