Do not write, stamp, punch holes or affix a sticker in this area.

♣ Direction of Feed **♣**Tuberculosis Exposure Risk Assessment

Please answer every question

To reproduce, follow the printing instructions.
Fold only on the dotted lines.

	PLE	EASE	PRII	NT PA	ATIEN	T'S	LAST	NA	ME									
Marking Instructions																		
Please use a # 2 pencil	PLE	PLEASE PRINT PATIENT'S FIRST NAME						PATIENT'S DATE OF BIRTH										
Fill in the complete oval as shown																		
											Mo	nth	Di	av		Yea	ar	

Has the child or anyone the child sees regularly been diagnosed or suspected of being sick with active TB disease?	yes no unsure
please fold on dotted line	
Was the child born in a high risk region, which includes any country in Africa, Asia, Central America, South America or Eastern Europe?	yes no unsure
Has the child traveled to a high TB prevalence country for more than 1 week? (includes Africa, Asia, Central America, South America or Eastern Europe)	yes no unsure
Does the child have close contact with a person who has had a positive TB skin test?	yes no unsure

----- please fold on dotted line -----

SAMPLE