Do not write, stamp, punch holes or affix a sticker in this area.	Direction of Feed * Tuberculosis Exposure Risk Assessment Please answer every question PLEASE PRINT PATIENT'S LAST NAME									 To reproduce, follow the printing instructions. Fold only on the dotted lines.						
Marking Instructions	111															
Please use a # 2 pencil Fill in the complete oval as shown		PLEAS	EASE PRINT PATIENT'S FIF			ST NAME			 PATI	ENT'S I	DATE	ATE OF BIRTH				
Has the child or anyone the child sees regularly been diagnosed or suspected of being sick with active TB disease?) ye) no) un				
		p	lease j	fold or	dotte	ed lin	е			 						
Was the child born in a high risk region, wh in Africa, Asia, Central America, South Ame						,								> ye > no > un		
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)) ye) no) un			
Does the child have close contact with a pe	erson	who	has h	iad a	posi	tive	TB ski	n tes	t?) ye:) no) un		
		р	lease j	fold or	dotte	ed lin	е			 						
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