

Healthy Roots Pediatrics
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Tuberculosis Screening Questionnaire

Patient Name: _____ DOB: _____

- 1 Has your child been exposed to someone who has or had active tuberculosis?
Yes / No
- 2 Has a family member had a positive tuberculosis skin test?
Yes / No
- 3 Has your child traveled or lived for more than one week outside of the United States?
Yes / No: If yes, where? _____
- 4 Has someone from outside the United States visited your child who has not been tested for tuberculosis?
Yes / No: If yes, where? _____
- 5 Does your child come in contact with prison inmates, anyone with HIV, anyone in group homes, or anyone in nursing homes?
Yes / No: If yes, please circle all that apply above
- 6 Was your child born in a high-risk country? (see list of high-risk countries on back of this sheet)
Yes / No: If yes, where? _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

PPD Test required: YES NO _____
(Provider Initials)