



Box Hill Pediatrics

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Tuberculosis Risk Assessment

Name: _____

D.O.B. _____

Today's Date _____

No.	Question	Yes	No
1.	Was your child born in, or lived more than a year in a country other than the United States? Where? _____		
2.	Has your child been exposed to anyone with either active tuberculosis or a history of tuberculosis disease?		
3.	Is your child currently living in a household with anyone who is HIV positive?		
4.	Is your child part of a migrant worker family?		