



TB/LEAD QUESTIONNAIRE

Name: _____ DOB: _____ Date: _____

LEAD

Does your child...

YES

NO

1. Live in or regularly visit a house with peeling or chipping paint built before 1960? (includes daycare centers, preschools, or the home of a babysitter or relative)
2. Live in or regularly visit a house built before 1960 with recent, ongoing, or planned renovation or remodeling?
3. Have a brother or sister, housemate, or playmate being followed up or treated for lead poisoning?
4. Live with an adult whose job or house hobby involves exposure to lead?
5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead?

LEAD
 NO LEAD

TB

YES

NO

1. Has anyone in your family had Tuberculosis?
2. Do you know of any situation where your child was around an adult who has been diagnosed or suspected of having TB?
3. Was your child born in or has your child visited a foreign country where there are many confirmed cases of TB?
If yes, which country? _____
4. TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, cough, hoarseness, or coughing up blood.
Has your child been around anyone who has these symptoms?
5. To your knowledge, has your child had contact with anyone with anyone who has been an intravenous (IV) drug user?
HIV Infected?
In Jail/Prison?
Recently moved to the U.S. from a foreign country?

PPD
 NO PPD

Parent Signature: _____