

# Tuberculin Skin Test

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

## Pediatric and Adolescent Risk Assessment Questionnaire

Use this questionnaire to assess children and adolescents for risk factors for Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI). Test with a TST only if one or more risk factors are present. "Routine" or "mandated" LTBI testing policies for pediatric patients without risk factors are strongly discouraged.

1. Was the child born outside the U.S.?  Yes  No

If yes, then ask:

- Where was the child born? \_\_\_\_\_  
(If the child was born in Africa, Latin America, or Eastern Europe, a TST should be placed.)

2. Has the child traveled outside the U.S.?  Yes  No

If yes, then ask:

- Where did the child travel? \_\_\_\_\_
- With whom did the child stay? \_\_\_\_\_
- How long did the child stay? \_\_\_\_\_

If the child stayed with friends or family members in Africa, Asia, Latin America, or Eastern Europe, a TST should be placed.

3. Has the child been exposed to anyone with TB infection?  Yes  No

If yes, then determine if the person had TB disease or LTBI.

- When did the exposure occur? \_\_\_\_\_
- What was the nature of the contact? \_\_\_\_\_

If confirmed that the child has been exposed to someone with suspected or known TB disease, a TST should be placed.

If it is determined that a child had contact with a person with TB disease, notify the local health department as per local reporting guidelines.

4. Does the child have close contact with a person who has a positive TB skin test?  Yes  No

If yes:

- When did the exposure occur? \_\_\_\_\_
- What was the nature of the contact? \_\_\_\_\_

Also ask the following questions if appropriate for your region.

- Does the child spend time with anyone who has been in jail, prison, shelter, who uses illegal drugs, or has HIV?  Yes  No
- Has the child ever had raw milk or unpasteurized cheese?  Yes  No
- Is the child exposed to household member who was born outside the U.S.?  Yes  No
- Is the child exposed to household member who has traveled outside the U.S.?  Yes  No

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_