

1) Was your Child born in Africa, Asia, Latin America, the Caribbean or Eastern Europe?

Yes No

2) Has your child traveled to or lived in Africa, Asia, Latin America, the Caribbean or Eastern Europe for more than one week?

Yes No

3) Has your child been exposed to anyone with TB disease?

Yes No

4) Does your child have close contact or live with anyone who has had a positive TB skin test?

Yes No

5) Has your child spent time with anyone in the past 5 years who has been in a jail, shelter, uses illegal drugs, or has HIV?

Yes No

6) Has your child ever tested positive for HIV?

Yes No

7) Does your child have a household member who was born outside of the United States?

Yes No

8) Does your child have a household member who has traveled outside the United States?

Yes No

If Yes,

When:

Where: