

CHDP TB Exposure Risk Assessment

[Evaluation Questionnaire to determine if Mantoux tuberculin skin test (TST) is indicated]

Name of Child: _____ Medical Record #: _____

Age: _____ DOB: _____ DOS: _____

The health care worker (HCW) is to ask the following questions during each periodic health assessment. The following questionnaire was developed by the San Diego County TB Control Program and San Diego CHDP Program to facilitate TB exposure risk assessments required by the CHDP program.

1. Has a family member or anyone the child sees regularly been diagnosed or suspected of being sick with active TB disease? Yes _____ No _____
2. Does the child have family members or frequent visitors who were born in high TB prevalence countries (most countries from Asia, Africa, Latin America, parts of Eastern Europe)? Yes _____ No _____
3. Was the child born in, or travel to high TB prevalence countries (most countries from Asia, Africa, Latin America, parts of Eastern Europe)? Yes _____ No _____
4. Does the child live in out of home placements (such as foster care or residential facilities)? Yes _____ No _____
5. Does the child have HIV infection, or other immunosuppressive condition? Yes _____ No _____
6. Does the child live with an adult with HIV seropositivity? Yes _____ No _____
7. Does the child live, or frequently visit, with persons who have been incarcerated in the last 5 years? Yes _____ No _____
8. Has the child lived among or been frequently around individuals who are homeless, migrant workers, users of street drugs, or residents in nursing homes? Yes _____ No _____

INSTRUCTIONS TO HEALTH CARE WORKER:

Administer the Mantoux TB skin test to all children who have any of the above risk factors (indicated by a YES response) and to children age 4-5 or 13-16 UNLESS:

1. The child has a previously DOCUMENTED* positive Mantoux TST, or
2. The child has had a TST within the last year.

NOTE:

Trained medical personnel, not parents or guardians, must read the skin test.

*DOCUMENTED = record indicating date of Mantoux and the millimeter result

Health Care Worker
completing form: _____ Date: _____

(11/97)