

# Mason County Health Department



**Public Health**  
Prevent. Promote. Protect.

1002 East Laurel Ave. ■ Havana, IL 62644 ■ Phone: (309) 210-0110 ■ Fax: (309) 543-2063

## Tuberculin Skin Testing For Children and Adolescents Risk Factor Questionnaire

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Question	Yes or No (Circle one)	If YES, specify one or more: Who, What, When, Where, Relationship
1. Has the child been exposed to anyone with tuberculosis (TB) infection?	Y N	
2. Has the child had frequent or close contact with anyone who has a positive TB skin test?	Y N	
3. Does the child spend a lot of time in a community known to have a high rate of TB?	Y N	
4. Does the child have frequent or close contact with anyone who has been in jail, prison, who uses illegal drugs or has HIV infection or AIDS?	Y N	
5. Was the child born outside the US? If so, specify county and date.	Y N	
6. Has the child traveled outside the US or has been in frequent or close contact with someone who has traveled outside the US?	Y N	
7. Is the child in frequent or close contact with one or more of the following: someone with HIV/AIDS; a homeless person; a nursing home resident; an institutionalized or incarcerated person; a person using illegal drugs; or a migrant farm worker?	Y N	
8. Does the child have one or more of the following symptoms: cough lasting more than 3 weeks; fever/chills; shortness of breath; night sweats; weight loss; or unusual fatigue?	Y N	
9. Has the child ever had raw milk or unpasteurized cheese?	Y N	

### OFFICIAL USE ONLY

Tuberculin Mantoux is needed at this time.     YES     NO

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Information Provided by \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_