

Name: _____

Date: _____

Child Health Associates P.C. cares about every aspect of your child's health. Please go over this questionnaire with your child to help us assess your child's health risk. Your answers are confidential and you may also choose to discuss your answers verbally.

Tuberculosis Screening Questions

Please answer the following questions so that we may determine if your child would benefit from receiving a skin test for tuberculosis:

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| 1. Was your child born outside the United States? | YES | NO |
| For those born abroad, was your child vaccinated with BCG? | YES | NO |
| 2. Do you, your child, or someone close to your child regularly travel outside the U.S.? | YES | NO |
| 3. Has someone close to your child ever lived in a correctional facility? | YES | NO |
| 4. Do you personally know anyone who has been diagnosed with TB or HIV infection? | YES | NO |

The good news is that Michigan is one of the "low-incidence" states for the disease of tuberculosis. The Michigan Department of Community Health no longer recommends routine skin testing of all Michigan children. But isolated outbreaks of the disease still occur and some children can still be at risk if they come in contact with the disease.

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