

LEE'S SUMMIT PHYSICIANS GROUP, INC.

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NAME _____ DATE _____

DATE OF BIRTH _____

Dear Concerned Parent:

Tuberculosis has made a resurgence recently and has received much attention in the media. The risk of your child being exposed to or acquiring this infection is very low. The following is a list of questions to determine if your child has any risk factors and should be tested for TB exposure. This questionnaire will be given at the 12 month, 4-6 year and 12-16 year well-child checkups. A YES answer to any of the questions does not necessarily mean your child has to be tested but it should be discussed with your doctor.

Thank you for helping with your child's care.

YES

NO

1. Was the child born in or has he/she lived in an area with high rates of TB (Central and South America, Africa, Asia or Eastern Europe)?

2. Is there a family history of TB in the past three generations?

3. Has any person with HIV infection or Aids spent time in the household?

4. Has a person who has been in prison, jail or in a long-term care facility spent time in the household?

5. Has your child ever been in foster care?