



Montgomery County Department of Health

Pottstown Health Center Norristown Health Center Willow Grove Health Center
 (610) 970-5040 (610) 278-5145 (215) 784-5415

Last Name

First Name

Chart #

Pediatric Tuberculosis Screening Questionnaire

Please answer the following questions by circling Yes or No.

| | |
|--|---------------|
| | Date |
| 1. Has your child had any contact with a case of TB? | Yes No |
| 2. Was your child born in a country other than the United States of America? If YES, list name of Country/ Countries: _____ _____ | Yes No |
| 3. Does your child have regular (e.g., daily) contact with adults at high risk for TB (e.g., those who are HIV infected, homeless, incarcerated, and/or illicit drug users)? | Yes No |
| 4. Does your child have HIV infection? | Yes No |
| Reviewer's Signature _____ | |

If any of the above answers are yes, place Mantoux (PPD).

Tuberculin Skin Test

PURIFIED PROTEIN DERIVATIVE (PPD)

| DATE | TIME | STRENGTH/ DOSE | SITE | GIVEN BY | MM | DATE | TIME | READ BY |
|------|------|-------------------|------|-------------|----|------|------|------------|
| | | | | | | | | |
