

# Pediatric Associates of Greater Salem, Inc.

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## FOR ALL PATIENTS

### Tuberculosis Screening

The following has been developed to identify those children who need tuberculosis (TB) skin testing. Please answer the following questions:

1. Does your child have exposure to a person with confirmed or suspected TB? Y    N
2. Does your child have exposure to a person who would be considered at high risk of having TB, i.e. HIV infected, homeless, residents living in a nursing home, institutionalized or incarcerated adolescents or adults, users of illicit drugs or migrant farm workers? Y    N
3. Has your child lived in a part of the world where TB is frequently diagnosed, i.e. Africa, Central or South America, Caribbean (not Puerto Rico), Asia, Middle East, or Eastern Europe? Y    N
4. Does your child have a parent who was born in a high risk country or have household contact with a person from a high risk country? Y    N
5. Does your child have a history of travel to a high risk country? Y    N

## FOR CHILDREN UNDER 6 YEARS OF AGE ONLY

### Lead Screening

In an effort to decrease the number of times blood tests for Lead poisoning have to be done on your child, the following screening questions have been developed to identify those children at high risk.

1. Does your child live in housing constructed prior to 1978, containing paint in poor condition, i.e., peeling, chipping, or flaking paint or broken or crumbling plaster? Y    N
2. Does your child live near lead or processing plants or other point sources of lead contamination, or have parents or other household members who work in a lead-related occupation or have a lead-related hobby? Y    N
3. Does your child have siblings, housemates, or playmates that have lead poisoning? Y    N
4. Does your child live in housing constructed prior to 1978 which is undergoing renovation that is likely to disrupt painted surfaces? Y    N