



The Children's and Family Health Center
95 Scovill Street, Croft Commons, Pavilion B
Waterbury, CT 06706
Tel: 203-709-3800 Fax: 203-709-3875

NAME: _____ DATE ____/____/____
DOB: ____/____/____

Tuberculosis/Lead Risk Screener

1. Does your child live in or regularly visit a house built before 1978?
2. Does your child have a sibling, housemate or playmate being followed or treated for lead poisoning?
3. Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead (construction, welding, automotive repair shop, stained glass making, artist paints or ceramic glazes)?
4. Has your child been exposed to any imported products (spices, foods/vitamins, home remedies, cosmetics, pottery)?

1. Has your child had any contact with anyone who has tuberculosis (TB) or a positive TB skin test?
2. Was your child born in or traveled to a country outside the US? What Country?
_____.
3. Does your child have a household member who was born in or traveled to a country outside the US? What country? _____.
4. Does your child have regular contact with any adult at high risk for TB (HIV infection, homeless, in jail, IV drug users)?
5. Does your child drink raw unpasteurized milk or cheese?