

LEAD RISK ASSESSMENT QUESTIONNAIRE

Please check "Yes" or "No" for the following questions:

	YES	NO
1. Does your child live in a house/apartment that was built before 1960?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child live in a house/apartment that was built before 1978, that is being remodeled at this time?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does anyone living with your child ever had elevated <u>lead</u> levels?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does anyone living with your child work in a lead industry (radiator shop or battery manufacturer) or have a hobby that uses lead (welder, painter, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child eat paint chips or any non-food items or play in dirt where cars have been parked?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are home remedies such as greta, azarcon, or pay-loo-ah, or cosmetics with kohl in them used in your home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does anyone in the family use cosmetics, ethnic or folk remedies, or eat candy from Mexico?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is your child a recent immigrant, refugee, or a member of a minority group?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: If there is an answer to YES or UNKNOWN to any of the questions above.

TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE

	YES	NO
1. Is your child in close contact of a person with infectious tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have HIV infection or is he/she considered at risk for HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child foreign born (especially Asian, African, Latin American), a refugee or a migrant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your child in contact with an incarcerated person or a person who was incarcerated in the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child exposed to the following individuals: HIV infected, homeless individuals, residents of nursing homeless, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults or migrant farm workers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have a medical condition or treatment of a medical condition which suppresses the immune system?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child live in a community in which it has been established that a high risk exists for tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____		

(Individuals treated for tuberculosis or currently active should not be tested.)

Any "yes" answer means the child is high risk, should receive a tuberculin skin test (Mantoux) which should be read by a health professional and the Public Health Department should be notified. (See section 902.2j)

Patient Name: _____

Date of Birth: _____

Age: _____

PROVIDER SIGNATURE: _____

Today's Date: _____

SCREENING FOR TB DISEASE AND INFECTION

In general, high-risk groups that should be screened for infection include:

- Close contacts of persons with infectious TB;
- Persons with HIV infection or risk factors for HIV for unknown HIV status;
- Persons with certain medical conditions (including cancer of head and neck, Hematologic and reticuloendothelial diseases, end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndromes, prolonged corticosteroid therapy, and other immunosuppressive therapy);
- Persons who inject drugs;
- Foreign-born persons from areas of the world where TB is common (e.g., Asia, Africa, Latin American);
- Medically underserved low income populations, including high risk racial and ethnic groups (e.g., Asians, Pacific Islanders, Blacks, Hispanics, and Native Americans);
- Residents of long-term care facilities (e.g., correctional facilities and nursing homes); or
- Other groups identified locally as having an increased prevalence of TB (e.g., migrant farm workers or homeless persons).

TUBERCULIN SKIN TESTING

Mantoux tuberculin skin testing is the standard method of identifying persons infected with *M. tuberculosis*. Multiple puncture tests should not be used to determine whether a person is infected.

The Mantoux test is performed by giving an intradermal injection of 0.1ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) into either the volar or dorsal surface of the forearm. The injection should be made with a disposable tuberculin syringe, just beneath the surface of the skin, with the needle bevel facing upward. This should produce a discrete, pale elevation of the skin (a wheal) 6mm to 10mm in diameter.

The reaction to the Mantoux test should be read by the trained health care worker 48 to 72 hours after the injection. If a patient fails to show up for the scheduled reading, a positive reaction may still be measurable up to 1 week after testing. However, if a patient who fails to return within 72 hours has a negative, tuberculin testing should be repeated.

The area of induration (palpable swelling) around the site of injection is the reaction to Tuberculin. The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis). Erythema (redness) should not be measured. All reaction should be recorded in millimeters of induration, even those classified as negative. If no induration is found, "0mm" should be recorded.