Questions About Your Child and Tuberculosis (TB)

Texas Health Steps

Child's Name _____ Date of Birth _____

Your Name _____

Today's Date _____

We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB.

TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

Check the box that matches your answer:	Yes	No	Do Not Know
1. Has your child been tested for TB? If yes, when? Please tell us the date ___ /___ /___			
2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date ___ /___ /___			
3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood.			
a. Has your child been around anyone with any of these problems?			
b. Has your child been around anyone sick with TB?			
c. Has your child ever had any of these problems or do they have them now?			
4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia?			
5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? Which country or countries did your child visit? _____			
6. Do you know if your child has spent more than 3 weeks with anyone who:			
Uses needles for drug use?			
Has AIDS?			
Was or is in jail or prison?			
Has just come to the United States from another country?			

FOR THE PROVIDER:
If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.
If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.
If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes____No____

If yes, Date administered____/____/____Date read____/____/____TST reaction_____mm

TST provider _____ _____
Signature Printed Name

If chest x-ray done, date _____ and results _____

Provider phone number_____City_____County_____

If positive, referral to local/regional health department/specialist? Yes___ No___

If yes, name of health dept./specialist _____

Contact your local or regional health department if assistance is needed.

Cuestionario sobre su niño y la Tuberculosis.

Nombre del niño (a):_____Fecha de nacimiento:_____

Su nombre:_____

Fecha:_____

Necesitamos su ayuda para saber si su niño(a) ha estado expuesto a la enfermedad de la tuberculosis.

La tuberculosis es causada por gérmenes. Esta enfermedad comúnmente se transmite mediante la tos o un estornudo. Una persona puede tener los gérmenes de la tuberculosis en su cuerpo pero no estar activos. La tuberculosis puede tratarse y prevenirse. Sus respuestas a las preguntas que aparecen abajo nos dirán si su niño(a) podría haber estado expuesto(a) a la tuberculosis. Si sus respuestas nos dicen que su niño(a) pudo haber estado expuesto a los gérmenes de la tuberculosis, queremos hacerle un examen de tuberculosis en la piel. Este examen no es una vacuna contra la tuberculosis pero puede prevenir la enfermedad. Sólo nos dejará saber si su niño(a) tiene gérmenes de tuberculosis.

Marque la casilla con su respuesta:	Si	No	No sé
1. ¿Le han hecho un examen de la tuberculosis recientemente a su niño(a)? Sí? (si contesta sí, díganos la fecha) ___ /___ /___			
2. ¿Tuvo alguna vez su niño(a) una reacción positiva al examen de la tuberculosis? Sí? (si contesta sí, díganos la fecha) ___ /___ /___			
3. La tuberculosis puede causar fiebre que puede durar días y hasta semanas. También puede causar pérdida de peso, tos severa (puede durar hasta dos semanas), o tos con sangre.			
a. ¿Ha estado su niño(a) cerca de una persona con estos síntomas?			
b. ¿Ha estado su niño(a) cerca de alguna persona enferma con tuberculosis?			
c. ¿Ha tenido su niño(a) alguna vez uno de estos problemas o los tiene ahora?			
4. ¿Nació su niño(a) en México o en algún otro país fuera de los Estados Unidos? ¿En qué país (fuera de los Estados Unidos) nació su niño(a)?			
5. ¿Viajó su niño(a) a México o a cualquier otra parte de América Latina, el Caribe, Africa, Europa Oriental o Asia por más de 3 semanas? ¿Qué país o países visitó su niño(a)? _____			
6. ¿Sabe si su niño(a) pasó más de 3 semanas con alguna persona que:			
Usa jeringuillas para usar droga?			
Tiene VIH?			
Ha estado en la cárcel?			
Ha llegado recientemente a los Estados Unidos desde otro país?			

FOR THE PROVIDER:
If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test.
If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.
If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes____No___

If yes, Date administered____/____/____Date read___/____/____TST reaction_____mm

TST provider _____ _____
Signature Printed Name

If chest x-ray done, date _____ and results _____

Provider phone number_____City_____County_____

If positive, referral to local/regional health department/specialist? Yes___ No___

If yes, name of health dept./specialist _____

Contact your local or regional health department if assistance is needed.