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Lead and Tuberculosis Screening

PATIENT NAME: _____ DATE: ____/____/____

LEAD EXPOSURE ASSESSMENT

1. Does your child currently live in, or previously lived in a house built before 1960, which has peeling or chipped paint? YES NO UNSURE
2. Does your child live in or regularly visit a house built before 1978, which has recent or ongoing renovations? YES NO UNSURE
3. Does your child have a sibling, housemate or playmate who is followed or treated for lead poisoning (blood level 15 or higher)? YES NO UNSURE
4. Does your child live with an adult whose job or hobby involves exposure to lead? YES NO UNSURE
5. Has your child ever lived outside the United States? YES NO UNSURE
6. Does your child attend daycare in the District of Columbia? YES NO UNSURE

TUBERCULOSIS SCREENING ASSESMENT

1. Has your child been exposed to anyone with a case of tuberculosis? YES NO
2. Has you child traveled to a high risk country (i.e.: Africa, Asia, Latin America, Middle East, the former Soviet Union or the Caribbean) for more than one week? YES NO
3. Was your child or household member born in an area where TB is common (i.e.: Africa, Asia, Latin America, Middle East, the former Soviet Union or the Caribbean)? YES NO
4. Has your child or household member lived for more than a year in an area where TB is common? YES NO
5. Does your child have daily contact with adults at high risk for TB (those who have HIV, homeless, incarcerated, and/or illicit drug users)? YES NO
6. Does your child have HIV? YES NO
7. Has your child ever had a positive PPD skin test? YES NO