

EPSDT Program Tuberculosis (TB) Risk Assessment Questions

Is this child:

1. In close contact of a person with infectious TB? *
2. Diagnosed with HIV or at risk for HIV infection?
3. A Foreign-born refugee or a migrant?
4. In contact with an incarcerated person or a person who was incarcerated in the past five years?
5. Exposed to the following individuals: HIV infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs or migrant farm workers?
6. Have a medical condition or receiving treatment for a medical condition which suppresses the immune system?
7. Live in a community which has been established as a high risk for TB?
8. Traveled to any foreign countries since the last medical visit?

Any 'yes' answer indicates the child is High Risk and should have a TB test that is read by a Health Professional.

**Indicates the Health Dept. should be notified*