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PATIENT NAME _____

TB RISK FACTORS

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| 1. Has your child been in contact with persons who have tuberculosis? | YES | NO |
| 2. Has your child or any member of the household traveled outside of the country, or had any recent visitors from another country? | YES | NO |
| 3. Is anyone in the household infected with HIV, been in jail, used illicit drugs or been homeless in the last 10 years? | YES | NO |
| 4. Has your child ever had a positive PPD or tuberculosis test? | YES | NO |
| 5. Does your child have a malignancy, cancer, blood disease, chronic renal failure, diabetes, HIV, or has lost more than 10% of his/her weight in the last year or is on immunosuppressive medications? | YES | NO |

Parent or guardian signature _____ Date _____