



TERRY LAPSKER, M.D.
DENISE WOLKEN, M.D.
DIANE DIMOND, M.D.
DIANA ANDREWS, M.D.
KAVITA SETH, D.O.

5900 North Burdick Street ■ East Syracuse, NY 13057 ■ (315) 656-8750 ■ fax (315)656-8493

DATE:

PATIENT NAME:

PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRE TO ASSESS YOUR CHILD'S RISK OF TUBERCULOSIS (TB). CIRCLE YES OR NO

YES NO Has your child been in contact with a person with confirmed or or suspected tuberculosis (includes contact of persons in jail or prison in the last five years.

YES NO Has your child immigrated from, traveled to or had significant contacts with persons from the following areas (i.e., Asia, Middle East, Africa, Latin America, former Soviet Union, and Eastern European countries.

YES NO Is your child known to be infected with HIV, living in a household with an HIV infected person or have known contact with HIV infected person.

YES NO Is your child exposed to individuals who are homeless or migrant farm workers.

YES NO Is your child frequently exposed to individuals in nursing homes