

Growing Child Pediatrics- Lead and TB Questionnaire

Patient's name: _____ Chart # _____ DOB _____ Date: _____

Please answer the following questions to help us determine if we need to test your child for lead.
Does your child:

1. Live in or regularly visit a house with peeling or chipping paint built before 1978? This includes daycare centers, preschool areas, babysitters' homes, etc... YES ___ NO ___
2. Live in or regularly visit a pre-1978 house being renovated or having been renovated, or with renovation ongoing or planned? YES ___ NO ___
3. Have a sibling, housemate, or playmate with a lead level ≥ 15 ug/dL? YES ___ NO ___
4. Live with an adult whose job or hobby involves lead exposure (Plumbers, auto repairs, construction workers, gas station attendants, battery manufactures, target shooting, lead soldering, glazed pottery making, stained glass making, car or boat repair, home remodeling)? YES ___ NO ___
5. Live near a lead smelter, battery recycling plant, or other industry likely to release lead into the environment? YES ___ NO ___
6. Have metal blinds in the house? If yes, how old are the blinds? _____ YES ___ NO ___

Please answer the following questions to help us determine if we need to test your child for tuberculosis.

Does (Has) your child:

1. Have contact with a person(s) with confirmed or suspected tuberculosis {positive skin test (PPD), on medication to treat TB, etc...}. YES ___ NO ___
2. Have contact with a person(s) who is visiting from, travels to, or is immigrating from, Asia, the Middle East, Africa, or Latin America? YES ___ NO ___
3. Have a family member or associate in prison in the past five years? YES ___ NO ___
4. Been exposed to the following individuals: HIV-infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, migrant farm workers? YES ___ NO ___

Thank you for your help!

Please initial for each year questionnaire is reviewed.

9 month _____	5 years _____	12 years _____
12 months _____	6 years _____	13 years _____
15 months _____	7 years _____	14 years _____
18 months _____	8 years _____	15 years _____
2 years _____	9 years _____	16 years _____
3 years _____	10 years _____	17 years _____
4 years _____	11 years _____	18 years _____

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