



## Pediatric TB Risk Assessment Questionnaire<sup>1</sup>

A TB screening tool for healthcare providers only

The following questions are designed to determine whether a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) is indicated for your pediatric patient. According to recent CDC guidelines, a TST is preferred for a child less than 5 years of age. If a child is 5 years of age or older and is foreign-born, then an IGRA is preferred.<sup>2</sup>

Name of Cl	hild:	Physician's Signature & Stamp	
Child's Dat	e of Birth:	Date of Risk Assessment:	
	Questions to be asked of parent/guardian (adole	escents can be asked directly):	
	1. Was your child born in a high-risk country	y?* Yes □ No □	
	2. Has your child traveled to a high-risk cour	antry* for more than 1 week? Yes □ No □	
	3. Has a family member or contact had tube	erculosis disease? Yes   No	
	4. Has a family member had a positive TST of	or IGRA result? Yes   No	

## If there is a "Y es" response to any of the questions above, then TST or IGRA testing should be performed.

**Note:** If the child being screened was previously tested, had a documented negative TST or IGRA result, and has not acquired any new risk factors since the last assessment, then he/she does not need to be re-tested.

<sup>\*</sup> High-risk country: Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe

<sup>&</sup>lt;sup>1</sup> Adapted from the Children's Medical Services, Child Health and Disability Prevention Program Risk Assessment Questionnaire Distributed in August 1, 2011 Provider Information Notice No. 11-04 Revised.

<sup>&</sup>lt;sup>2</sup> Centers for Disease Control and Prevention (CDC). Updated guidelines for using Interferon Gamma Release Assays to detect *Mycobacterium tuberculosis* infection – United States, 2010. *MMWR Morb Mortal Wkly Rep*. June 25, 2010, Vol. 59, No. RR-5.