

Patient Name: _____ DOB: _____

Childhood Lead Assessment Questionnaire	Yes	No	Unsure
1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?			
2. Does this child have a sibling with a blood level of 10mcg/dl or higher?			
3. Does this child live in regularly visit a home built before 1978?			
4. In the past year has this child been exposed to repairs, repainting, or renovation of a home built before 1978?			
5. Is this child a refugee or an adoptee from any foreign country?			
6. Has this child ever been to Mexico, Central or South America, Asian Countries, or any country where exposure to lead from certain items could have occurred (cosmetics, home remedies, folk medicines, or glazed pottery)?			
7. Does this child live with someone who has a job or a hobby that may involve lead (jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, leaded glass, lead shots, bullets or lead fishing sinkers?)			
8. At any time has this Child lived near a factory where lead is used?			
9. Does this child reside in a high-risk zip code? (High-risk zip codes- LAKE: 60040, MCHENRY: 60034, All Chicago zip codes)			

Tuberculosis Screen Questionnaire	Yes	No	Unsure
1. Has your child been exposed to anyone with the confirmed or suspected TB?			
2. Has your child been exposed to any family member or close friend who has been in jail in the last five years?			
3. Has your child recently emigrated from Asia, the Middle East, Africa or Latin America?			
4. Has your child recently traveled to Asia, the Middle East, Africa or Latin America?			
5. Does your child have HIV or live in a home with someone who has HIV?			
6. Has your child been exposed to anyone with HIV, homeless residents or nursing homes, teens or adults in jail, or migrant farm workers?			
7. Have you (parent) emigrated with known TB status from Asia, the Middle East, Africa or Latin America; Do you travel to these areas or have contact in your home with people from these areas with known TB status?			
8. Does your child live in an area that you know to have a high prevalence of TB?			
9. Does your child have diabetes, chronic renal failure, malnutrition, or a problem with the immune system that he/she was born with or acquired later in childhood?			