



TUBERCULOSIS TESTING WAIVER

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TUBERCULOSIS RISK FACTOR QUESTIONNAIRE

1. Has your child been in contact with anyone who has active tuberculosis? Yes No

2. Has your child been in close contact with anyone who has been in prison within the past five years? Yes No

3. Has your child been in close contact with anyone who has an HIV infection, lives in a nursing home or is a migrant farm worker? Yes No

4. Has your child recently lived in or traveled to Asia, the Middle East, Africa, Eastern Europe or Latin America? Yes No

5. Have you or others in your household recently lived in or traveled to Asia, the Middle East, Africa, Eastern Europe or Latin America? Yes No

Patient Name

____/____/_____
Date of Birth

Signature of Person Completing Questionnaire

Relation to Patient

Due to lack of exposure, I feel that it is not medically necessary for the above named patient to receive Tuberculosis testing at this time.

Physician Signature

____/____/_____
Date