



Health Risk Assessment Form

CHILD'S NAME: _____ DOB: _____ DATE: _____

TUBERCULOSIS

1. Have you or any family member had contact with anyone with a confirmed diagnosed case of active tuberculosis? (Do not include anyone with a positive skin test, only people who have been diagnosed by a doctor) Yes _____ No _____
2. Have you or any of your family members, including your child, recently arrived from Asia, Africa, Mexico, Central or South America? Yes _____ No _____
3. Are you or any of your family members living among or frequently exposed to, individuals who are homeless, users of street drugs, or have been incarcerated in the last five years? Yes _____ No _____
4. Are you or any of your family members, including your child, living in out of home placements (i.e. foster homes, shelters, ward of the State homes, homeless?) Yes _____ No _____

Follow-up provided: ☐ No concerns on physical ☐ Parent not concerned ☐ Referred to provider
☐ Educational material provided ☐ Other _____

LEAD POISONING

1. Does your child live in or regularly visit a house that is being remodeled or where paint is peeling or chipping? Yes _____ No _____
2. Has your child or anyone in your family been treated or monitored for lead poisoning? Yes _____ No _____
3. Does your child live with someone whose job or hobby involves exposure to lead (i.e. painting, soldering, automobile battery manufacturing or recycling, vehicle radiator repair, auto painting, or stained glass work)? Yes _____ No _____
4. Do you or anyone else who lives with or cares for your child use you use pottery (ceramics, earthenware) that is old or has been bought outside the US for cooking, storing food, or eating/ drinking? Or use remedies such as Kohl, Ba-baw-san, DawTway, Greta or Azarcon (also known as Rueda, Coral, Alcaron or Liga)? Yes _____ No _____
5. Does your child eat dirt or clay? Yes _____ No _____
6. Does your child frequently travel outside the US? Yes _____ No _____

Follow-up provided: ☐ No concerns on physical ☐ Parent not concerned ☐ Referred to provider
☐ Educational material provided ☐ Other _____

TOBACCO EXPOSURE

1. Is tobacco used by anyone who is around your child, inside, outside, or in the car? Yes _____ No _____
2. Do you want information about tobacco use or smoking prevention/cessation? Yes _____ No _____

Follow-up provided: ☐ No concerns on physical ☐ Parent not concerned ☐ Referred to provider
☐ Educational material provided ☐ Other _____

Parent Signature _____

Date _____

EHS Staff Signature _____

Date _____