

**Anderson Hills Pediatrics, Inc.**  
7400 Jager Court, Cincinnati, OH 45230  
513-232-8100 Fax: 513-624-3191

**Anderson Hills Pediatrics, Inc.**  
1126 Ohio Pike, Amelia, OH 45102  
513-232-8100 Fax: 513-943-6154

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Date: \_\_\_\_\_ WCC: \_\_\_\_\_

**TB Screening (due at 1, 6, 12, 24 months and annually starting at 3 yr Well Child Check-Up)**

1. Has a family member or contact had tuberculosis?  
**YES**  **NO**
  
2. Has a family member had a positive TB skin test?  
**YES**  **NO**
  
3. Was your child born in a high-risk country (countries other than US, Canada, Australia, New Zealand or Western Europe)?  
**YES**  **NO**
  
4. Has your child traveled to a high-risk country where he/she had contact with the resident population for more than one week?  
**YES**  **NO**