PATIENT NAME_____ DATE OF BIRTH_____

HEARING AND VISION RISK ASSESSMENT: 3 YEARS AND OLDER

Does your child:

1. Have a problem hearing over the phone?	Y	N
2. Have trouble following a conversation when two or more people are talking at the same time?	Y	N
3. Complain that the volume needs to be turned up on the TV?	Y	N
4. Strain to understand conversations?	Y	N
5. Have trouble hearing in a noisy background?	Y	N
6. Ask you to repeat yourself?	Y	N
7. Misunderstand what others are saying and respond inappropriately?	Y	N
8. Have trouble understanding the speech of women and children?	Y	N

(For Physician Use Only)

COMMENTS: Hearing screen: NEEDED / NOT NEEDED Refer to ENT: _____

Left Ear: PASSED / FAILED Right Ear: PASSED / FAILED

Does or has your child:

1. Ever had an eye exam?	Y	N
2. Wear glasses or contacts?	Y	N
3. If yes, when was their last exam?	_____	
4. Hold toys or books close to their eyes?	Y	N
5. Have trouble recognizing faces at a distance?	Y	N
6. Tend to squint?	Y	N
7. Failed a school vision screening test?	Y	N

(For Physician Use Only)

COMMENTS: NO SCREENING NEEDED

RECHECK IN 6 MONTHS

REFER TO OPTHAMOLOGY

LEFT EYE: _____ RIGHT EYE: ____

Provider Signature: _____ Date: _____

Cartersville Pediatric Associates
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Cartersville, GA 30120

TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE

Please check "Yes" or "No" for the following questions:

	YES	NO
1. Is your child in close contact of a person with infectious tuberculosis?	☐	☐
2. Does your child have HIV infection or is he/she considered at risk for HIV infection?	☐	☐
3. Is your child foreign born (especially Asian, African, Latin American), a refugee or a migrant?	☐	☐
4. Is your child in contact with an incarcerated person or a person who was incarcerated in the past five (5) years?	☐	☐
5. Is your child exposed to the following individuals: HIV infected, homeless individuals, residents of nursing home, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults or migrant farm workers?	☐	☐
6. Does your child have a medical condition or treatment of a medical condition which suppresses the immune system?	☐	☐
7. Does your child live in a community in which it has been established that a high risk exists for tuberculosis?	☐	☐
8. Other _____	☐	☐

(Individuals treated for tuberculosis or currently active should not be tested.)

Any "yes" answer means the child is high risk, should receive a tuberculin skin test (Mantoux) which should be read by a health professional and the Public Health Department should be notified. (See section 902.2j)

Patient Name: _____

Date of Birth: _____

Age: _____

PROVIDER SIGNATURE:_____ Today's Date: _____

CARTERSVILLE PEDIATRIC ASSOCIATES

SCREENING FOR TB DISEASE AND INFECTION

- In general, high-risk groups that should screened for infection include:
- Close contacts of persons with infectious TB;
- Persons with HIV infection or risk factors for HIV for unknown HIV status;
- Persons with certain medical conditions (including cancer of head and neck,
- Hematologic and Reticuloendothelial diseases, end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndromes, prolonged corticosteroid therapy, and other immunosuppressive therapy);
- Persons who inject drugs;
- Foreign-born persons from areas of the world where TB is common (e.g., Asia, Africa, Latin American);
- Medically underserved low income populations, including high risk ration and ethnic groups (e.g., Asians, Pacific Islanders, Blacks, Hispanics, and Native Americans);
- Residents or long-term care facilities (e.g., correctional facilities and nursing homes); or
- Other groups identified locally as having an increased prevalence of Tb (e.g., migrant
- Farm workers or homeless persons).

TUBERCULIN SKIN TESTING

Mantoux tuberculin skin testing is the standard method of identifying persons infected with M. tuberculosis. Multiple punctures tests should not be used to determine whether a person is infected.

The Mantoux test is performed by giving an intradermal injection of 0.1ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) into either the volar or dorsal surface of the forearm. The injection should be made with a disposable tuberculin syringe, just beneath the surface of the skin, with the needle bevel facing upward. This should produce a discrete, pale elevation of the skin (a wheal) 6mm to 10mm in diameter.

The reaction to the Mantoux test should be read by the trained health care worker 48 to 72 hours after the injection. If a patient fails to show up for the scheduled reading, a positive reaction may still be measurable up to 1 week after testing. However, if a patient who fails to return within 72 hours has a negative, tuberculin testing should be repeated.

The area of induration (palpable swelling) around the site of injection is the reaction to Tuberculin. The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis). Erythema (redness) should not be measured. All reaction should be recorded in millimeters of induration, even those classified as negative. If no induration is found, "0mm" should be recorded.