

FILL OUT ONCE A YEAR PER FAMILY 2018 Screening

Family Name _____ DATE _____

Please list all children living in the home:

Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Who do the children live with?

Lives with:
 Parents Foster Family Joint Custody
 Single Custody (if so, who do they live with: _____)
 Other: _____

Does your child belong to any of the following ethnic groups? (Please Circle)

American Indian African American Hispanic American Asian/South Pacific Islands Caucasian

Respond to the following questions by circling the appropriate answer

TB:

- | | | |
|--|-----|----|
| 1. Is there a family history of tuberculosis or suspicion of tuberculosis in any family member? | YES | NO |
| 2. Was this child or his/her parents born in South America, Africa, Central America, Southeast Asia or any other foreign country? | YES | NO |
| 3. Have any members of the family in close contact been in jail or prison? | YES | NO |
| 4. Do you live in the city of Chicago or in a neighborhood that is known to have high prevalence of tuberculosis? | YES | NO |
| 5. Have you or your child traveled out of the country in the last year or have you had visitors from out of the country?
If so, where _____ | YES | NO |

Lead Risk Assessment: (FILL THIS SECTION OUT ONLY FOR CHILDREN UNDER 6 YEARS OF AGE)

- | | | |
|---|-----|----|
| 1. Is any child in your family eligible for or enrolled in Medicaid, Head Start, All Kids, or WIC? | YES | NO |
| 2. Does any child in your family have siblings with a blood lead level of 10 mcg/dL or higher? | YES | NO |
| 3. Does any child in your family live in or regularly visit a home built before 1978? | YES | NO |
| 4. In the past year, has this child been exposed to repairs, repainting or renovations of a home built before 1978? | YES | NO |
| 5. Are any of your children a refugee or an adoptee from any foreign country? | YES | NO |
| 6. Has any child in your family been to Mexico, Central or South American, or any Asian country? | YES | NO |
| 7. Does any child in your family live with someone who has a job or hobby that may involve lead (for example: jewelry making, construction, plumbing, automobiles, lead solders, leaded glass, lead shots, lead finishing sinkers?) | YES | NO |
| 8. At any time, has your family lived near a factory where lead is used? | YES | NO |
| 9. Does your family reside in a high-risk ZIP code area?
(Such as, Chicago, Winnetka, River Forest, Evanston, Brookfield, Riverside, Highland Park, Oak Park) | YES | NO |

(Please fill out the other side of this form)

Does anyone in your family (1st and 2nd generation) have a history of: (Mother, Father, Grandparents, Aunts, Uncles, and 1st cousins)	Y	N	DK	If yes, who and describe: <i>(Which family member and also Maternal or Paternal side of the family)</i>
Food Allergies				
Nasal Allergies				
Asthma				
Bedwetting (after 6 years old)				
Childhood hearing loss				
Eye Disorders/ Congenital Abnormalities/ Retinoblastoma				
Epilepsy/ Seizures				
Migraines or other Neurological Disorder				
Developmental Disabilities				
Autism/ Cognitive Delay				
ADHD				
Immune Problems, HIV, Tuberculosis				
Thyroid Problems or other Endocrine Disease				
Autoimmune Disease				
Anemia				
Genetic or Heritable Disease				
Bleeding or Blood Disorder				
Stomach/ Intestinal Problems				
Liver Disease				
Kidney Disease/ Urologic Malformations				
Heart Abnormalities (congenital heart disease, valve abnormalities, arrhythmias, hypertrophic cardiomyopathy, etc.)				
Hypertension/ High Blood Pressure				
High Cholesterol or takes cholesterol medication				
Heart Attack (before age 60)				
Diabetes				
Obesity				
Cancer (before age 55)				
Depression				
Anxiety				
Eating Disorder				
Other mental illness				
Does either parent smoke cigarettes, vape or use any tobacco product?				
Is your child exposed to smoke from any tobacco product at home or on a regular basis?				
Substance/ Drug Abuse				
Are there guns in the house?				
Do your children visit any house where guns are kept?				