

Questionnaire to define the risk of tuberculosis infection

Name and surname of the child.....

Date of birth.....Insurance number (if insured).....

Part I – the child's guardian fills in

One or both of parents of the child, or it's sibling, or member of the household, where the child lives has/had an active tuberculosis. Put a tick:

Yes No/I'm not aware

One or both of parents of the child, or it's sibling, or member of the household, where the child lives was born, or lives/had lived outside Czech republic for more than 3 months continuously. Put a tick:

Yes If yes, in which state (name all of them)?

No/I'm not aware

.....

The child has been in contact with a person, who had tuberculosis. Put a tick:

Yes No/I'm not aware

Tuberculosis investigation has been carried out by person the child had been in contact with. Put a tick:

Yes No/I'm not aware

Name and surname of the child's guardian.....

Date..... Guardian's signature.....

Part II – physician fills in

The child has an indication for vaccination against tuberculosis according to the annex No.3 to decree No.537/2006 about vaccination against infectious diseases. Put a tick:

Yes No/I'm not aware

Physician's name and surname.....

Date..... Physician's signature.....

Stamp of medical institution