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## **TUBERCULOSIS RISK ASSESSMENT**

A TB Risk Assessment has been performed on:

**Child's Name** \_\_\_\_\_

This patient was found to be at low risk. According to the latest protocol advocated by the Center for Disease Control (CDC), the American Thoracic Society (ATS) and the American Academy of Pediatrics (AAP), this child does not require Mantoux Tuberculin testing at this time.

**Date** \_\_\_\_\_

**MD, CRNP, RN** \_\_\_\_\_

**Address** \_\_\_\_\_