



George Skarpathiotis, M.D. S.C
P E D I A T R I C S

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TUBERCULOSIS TESTING WAIVER

TUBERCULOSIS RISK FACTOR QUESTIONNAIRE

- | | | |
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| 1. Has your child been in contact with anyone that has active tuberculosis? | Yes | No |
| 2. Has your child been in close contact with anyone who has been in prison within the past five years? | Yes | No |
| 3. Has your child been in close contact with anyone who has a HIV infection, lives in a nursing home or is a migrant farm worker? | Yes | No |
| 4. Has your child recently lived in or traveled to Asia, the Middle East, Africa, Eastern Europe or Latin America? | Yes | No |
| 5. Have you or others in your household recently lived in or traveled to Asia, the Middle East, Africa, Eastern Europe or Latin America? | Yes | No |

Patient Name

Date of Birth

Signature of Person Completing Form

Relationship to Patient

Due to lack of exposure, I feel it is not medically necessary for the above named patient to receive the Tuberculosis testing at this time.

Physician Signature

Date

7110 West 127th Street
Palos Heights, Illinois 60462

8537 South Cicero Avenue
Chicago, Illinois 60652

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