ANDREW RADER US ARMY CLINIC
PEDIATRIC CLINIC

5 Year Visit Bright Futures Medical Screening Questionnaire

Please answer the following questions about your child's health by circling Y, N, or Unsure.

1. Does your child have a sibling or playmate who has or had lead poisoning?
   ◯ Yes ◯ No ◯ Unsure
2. Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the last 6 months) renovated or remodeled?
   ◯ Yes ◯ No ◯ Unsure
3. Does your child live in or regularly visit a house or child care facility built before 1950?
   ◯ Yes ◯ No ◯ Unsure
4. Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?
   ◯ Yes ◯ No ◯ Unsure
5. Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?
   ◯ Yes ◯ No ◯ Unsure
6. Has a family member or contact had tuberculosis or a positive tuberculin skin test?
   ◯ Yes ◯ No ◯ Unsure
7. Is your child infected with HIV?
   ◯ Yes ◯ No ◯ Unsure
8. Do you ever struggle to put food on the table?
   ◯ Yes ◯ No ◯ Unsure
9. Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals or beans?
   ◯ Yes ◯ No ◯ Unsure

DATE	PATIENT'S NAME	AGE	DOB	SPONSOR'S SS#