Iyabo Okuwobi, M.D., F.A.A.P.

Nan	ne:									
D.O	.в	Lead Assessment								
Yes	No	Does your child live in or often visit a house that may have been built before 1978?								
Yes	No	Does your child live in or often visit a house that is being remodeled or is having paint removed?								
Yes	No	Does your child live with or often visit another child that has an elevated blood lead level?								
Yes	No	Does your child live with anyone that works a job where lead may be found or has a hobby that uses lead?								
Yes	No	Does your child chew on or eat non-food like paint chips or dirt?								
Yes	No	Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release led?								
Yes	No	Does your child receive medicines such as greta, azarcon, kohl, or pay-loo-ah?								
		TB Risk Assessment								
Yes	No	Is the child in close contact to a person sick with active TB disease?								
Yes	No	Does the child have or is at risk to have HIV?								
Yes	No	Was the child or the child's parents born outside the U.S.?								
Yes	No	Is the child exposed to a person in jail or a person who has been in jail the past five years?								
Yes	No	Is the child exposed to a person who has HIV. Who is homeless or who lives in a nursing home or another group home?								
Yes	No	Is the child exposed to drug users or migrant farm workers?								
Yes	No	Does the child have a health problem that lowers the immune system?								
Yes	No	Does the child live in a community that has a high risk for TB?								
Yes	No	Has the child traveled to or had a visitor from any foreign country since the last visit?								
Yes	No	Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss, or fatigue) or an abnormal chest X-ray?*								

Α	Age	Birth	1mth	2mth	4 mth	6mth	9mth	12mth	15mth	18mth	2yr	3yr	4yr	5yr	6yr
D	Date														
In	itial														