

Londonderry Pediatrics Tuberculosis Risk Assessment

Patient Name:_____ Date of Birth:_____

Today's Date_____

Please read the questions and circle the answer that applies to your child.

1) Are there any household members who have recently been treated for TB?

YES NO

2) Are you aware of any cases of TB in your neighborhood?

YES NO

3) Does your child have a problem with his or her immune system?

YES NO

4) Has your child ever lived in a foreign country?

YES NO

5) If you answered YES to question #4, has your child ever received BCG vaccine for TB?

YES NO

Name of parent/guardian

Relationship

Please bring the completed form to your child's well visit. Thank you.

Londonderry Pediatrics

Lead Risk Assessment

Patient Name:_____ Date of Birth:_____

Today's Date_____

Please read the questions and circle the answer that applies to your child.

- 1) Does your child live in or regularly visit a house or child care facility built before 1950?

YES

NO

Don't Know

- 2) Does your child live in or regularly visit a house of child care facility built before 1978 that is being or has recently been renovated or remodeled?

YES

NO

Don't Know

- 3) Does your child have a sibling or playmate that has or did have lead poisoning?

YES

NO

Don't Know

- 4) Is your child enrolled in Healthy Kids Gold?

YES

NO

Don't Know

- 5) Is your child enrolled in the WIC program?

YES

NO

Don't Know

- 6) Does your child attend daycare in Massachusetts?

YES

NO

Don't Know

Name of parent/guardian

Relationship

Please bring the completed form to your child's well visit. Thank you.

Londonderry Pediatrics, PA
25 Buttrick Road, Bldg. E
Londonderry, NH 03053

VFC Eligibility

Children through 18 years of age who meet at least one of the following criteria are considered federally vaccine-eligible and therefore eligible to participate in the VFC program:

- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC program the terms Medicaid-eligible and Medicaid-enrolled are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- **Uninsured:** A child who has no health insurance coverage
- **Indian (American Indian or Alaska Native):** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured:** Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC - eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount--once that coverage amount is reached, these children are categorized as underinsured. **Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).**

Name:

Last,	First,	MI	Birth date	Age
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Signature

Is enrolled in Medicaid	Yes	No	Date
Is Native American	Yes	No	Date
Doesn't have insurance	Yes	No	Date
Is Underinsured (Insurance does not cover the cost of vaccines)	Yes	No	Date