

Positive Tuberculosis (TB)



Aug. 2017 • Information for Pierce County Medical Providers

Communicable Disease Division
3629 South D Street, Tacoma, WA 98418
(253) 798-6410 (phone) • (253) 798-7666 (fax)

Screening Report

Clinic Reporting:		Clinic Phone:	Reporting Date:
Patient's Name: (Last, First, Middle)		Date of Birth:	
Address:		City, State, Zip Code:	
Phone:	Country of Origin:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
TB Skin Test Test Date:	QFT or T-Spot Test Date:	Chest X-ray Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date TB Skin Test Read:	QFT or T-Spot Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	Date of Chest X-ray:	
TB Skin Test Results (in mm):		Chest X-ray Results:	
LTBI Treatment? Provider recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	If treating, which regimen? <input type="checkbox"/> INH – 9 months <input type="checkbox"/> RIF – 4 months <input type="checkbox"/> INH – 6 months <input type="checkbox"/> INH-RPT – 12 weeks	Start Date: Fax Date:	

Criteria for Treatment of LTBI (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Recent contact of a TB case | <input type="checkbox"/> Substance Abusers |
| <input type="checkbox"/> CXR shows old TB disease/no prior Rx | <input type="checkbox"/> PPD converters (≥ 10 mm increase in past 24 mo.) |
| Medical conditions: | <input type="checkbox"/> Foreign born from TB endemic areas |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Children <4 years |
| <input type="checkbox"/> Silicosis | <input type="checkbox"/> Homeless/migrant workers |
| <input type="checkbox"/> 10%<ideal weight | <input type="checkbox"/> Residents/employees of health care, correctional, or long-term care facilities |
| <input type="checkbox"/> Immunosuppressed (e.g., HIV+/organ transplant) | <input type="checkbox"/> Children and adolescents exposed to high-risk adults |
| <input type="checkbox"/> Other medical disease | |

Completion of Treatment of LTBI

Date treatment stopped: _____
Date treatment completed: _____ Months of treatment

Incomplete Therapy

- Lost, unable to locate
 Client stopped on own initiative
 Discontinued on medical advice NOT related to adverse drug reactions

Exclusions

- Subsequently diagnosed with active disease
 Died during treatment period
 Moved; records referred
 Discontinued due to adverse reaction to drugs: Specify: _____

Date Faxed: _____

Tacoma-Pierce County Health Department Confidential Fax: (253) 798-7666 ATTN: TB Program