

# Positive Tuberculosis (TB)



August 2017 • Information for Pierce County Healthcare Providers

Communicable Disease Control  
3629 S. D St. • Tacoma, WA 98418  
(253) 798-6410 • (253) 798-7666 (fax)

## Screening Report

<b>Clinic Reporting</b>	<b>Clinic Phone Number</b>	<b>Reporting Date</b>
<b>Patient Name</b> (Last, First, Middle)	<b>Date of Birth</b>	
<b>Address</b>	<b>City, State, Zip Code</b>	
<b>Phone Number</b>	<b>Country of Origin</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>TB Skin Test</b> Test Date Date Test Read Test Results (in mm)	<b>QFT or T-Spot</b> Test Date QFT or T-Spot Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<b>Chest X-ray</b> Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Chest X-ray Chest X-ray Results
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<b>LTBI Treatment</b> 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"/> INH—6 months <input type="checkbox"/> RIF—4 months <input type="checkbox"/> INH-RPT—12 weeks	Start Date Fax Date
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<b>Criteria for LTBI Treatment</b> (check all that apply)	
<input type="checkbox"/> Recent contact of a TB case	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> CXR shows old TB disease/no prior Rx	<input type="checkbox"/> PPD converter ( $\geq 10$ mm increase in past 24 months)
Medical Conditions	<input type="checkbox"/> Foreign-born from TB-endemic area
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Child under four years old
<input type="checkbox"/> Silicosis	<input type="checkbox"/> Homeless
<input type="checkbox"/> 10% under ideal weight	<input type="checkbox"/> Migrant worker
<input type="checkbox"/> Immunosuppressed (e.g., HIV+, organ transplant)	<input type="checkbox"/> Resident or employee of healthcare, correctional or long-term care facility
<input type="checkbox"/> Other disease	<input type="checkbox"/> Child or adolescent exposed to high-risk adult

<b>Complete LTBI Treatment</b>	Date treatment stopped	Date treatment completed	Months of treatment
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<b>Incomplete LTBI Therapy</b>	<b>Exclusions</b>
<input type="checkbox"/> Lost, unable to locate	<input type="checkbox"/> Subsequently diagnosed with active disease
<input type="checkbox"/> Patient stopped on own initiative	<input type="checkbox"/> Died during treatment period
<input type="checkbox"/> Discontinued on medical advice <b>unrelated</b> to adverse drug reaction	<input type="checkbox"/> Moved, records referred
	<input type="checkbox"/> Discontinued due to adverse drug reaction, specify

<b>Fax Date</b>
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Fax completed form to Tacoma-Pierce County Health Department's Tuberculosis Program confidential fax: (253) 798-7666