

## **Kentucky Department for Public Health Tuberculosis Control Program**

## **REPORT OF TUBERCULOSIS SCREENING**

Date

## **TO WHOM IT MAY CONCERN:**

The	above	named	individual	has	heen	evaluated	hv
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Check all that apply:

(Name of Health Department/ Facility)

- a.) A tuberculosis health risk assessment was completed. No signs or symptoms suggestive of active disease were noted.
- b.) A tuberculin skin test was given on \_\_\_\_\_ (read within 48–72 hours after administration) and was read on results mm.
- \_\_\_\_\_ c.) A blood assay for *Mycobacterium tuberculosis* (BAMT) was drawn on \_\_\_\_\_\_ Brand/result of BAMT (check one): QuantiFERON-TB Gold Plus \_\_\_\_\_ or T-SPOT.TB \_\_\_\_\_
- d.) A tuberculin skin test (TST) or a BAMT is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.
- e.) The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.
- f.) The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test or a positive BAMT for latent TB infection; therefore a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.
- \_\_\_\_\_ g.) The individual had a chest x-ray on \_\_\_\_\_\_\_ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active TB disease, a repeat film is not indicated at this time.

## Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature(MD, ARNP, PA, RN)	Date		
Address	Phone		
Copy to Patient Copy to Record KentuckyPublicHealth TEAM		TB-3 (7/24)	