



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

REPORT OF TUBERCULOSIS SCREENING

Date _____

TO WHOM IT MAY CONCERN:

The above named individual has been evaluated by _____
(Name of Health Department/ Facility)

_____ A tuberculosis health risk assessment was completed. No noted signs or symptoms suggestive of active disease.

_____ A tuberculin skin test was given on _____ (read within 48–72 hours after administration) and was read on _____ – results _____ mm.

_____ A tuberculin skin test (TST) 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.

_____ 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.

_____ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

_____ 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 _____ Date _____
(MD, ARNP, PA, RN)

Address _____ Phone _____

