 Patient name (Patient Label)

**Department for Public Health**

**Tuberculosis Prevention and Control Program**

**REPORT OF TUBERCULOSIS SCREENING**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

**The above named individual has been evaluated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Name of Health Department/ Facility)

\_\_\_\_\_\_\_ A tuberculin skin test (TST) was given on \_\_\_\_\_\_\_\_ (read within 48–72 hours after administration) and was

 read on \_\_\_\_\_\_\_\_\_\_\_ results \_\_\_\_\_\_\_\_ mm. Interpretation of results: Positive \_\_\_\_ Negative \_\_\_\_.

\_\_\_\_\_\_\_ A Blood Assay for *Mycobacterium tuberculosis* (BAMT) was drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Results: Positive \_\_\_\_ Negative \_\_\_\_ Indeterminate \_\_\_\_ Borderline \_\_\_\_

 Brand of BAMT: QuantiFERON-TB Gold Plus\_\_\_ or T-SPOT.*TB* \_\_\_\_

\_\_\_\_\_\_\_ A TST or a BAMT are 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 TST and/or a positive BAMT (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 TST or a

 positive BAMT (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, APRN, PA, RN)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TB-3 (07/2018)

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