

Positive Tuberculosis (TB)



September 2021 • Information for Pierce County Healthcare Providers

Disease Prevention & Management
3629 S. D St. • Tacoma, WA 98418
(253) 649-1412 • (253) 649-1389 (fax)

Screening Report

Clinic Reporting	Clinic Phone Number	Reporting Date
Patient Name (Last, First, Middle)	Date of Birth	
Address	City, State, Zip Code	
Phone Number	Country of Origin	Gender ☐ Male ☐ Female

TB Skin Test Test Date Date Test Read Test Results (in mm)	QFT or T-Spot Test Date QFT or T-Spot Results ☐ Positive ☐ Negative ☐ Indeterminate	Chest X-ray Ordered? ☐ Yes ☐ No Date of Chest X-ray Chest X-ray Results
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LTBI Treatment		
Provider recommended? ☐ Yes ☐ No	If treating, which regimen?	
Patient accepted? ☐ Yes ☐ No	☐ INH—9 months ☐ INH—6 months	Start Date
If no, explain	☐ RIF—4 months ☐ INH-RPT—12 weeks	Fax Date

Criteria for LTBI Treatment (check all that apply)	
☐ Recent contact of a TB case	☐ Substance abuse
☐ CXR shows old TB disease/no prior Rx	☐ PPD converter (≥ 10 mm increase in past 24 months)
Medical Conditions	☐ Foreign-born from TB-endemic area
☐ Diabetes	☐ Child under four years old
☐ Silicosis	☐ Homeless
☐ 10% under ideal weight	☐ Migrant worker
☐ Immunosuppressed (e.g., HIV+, organ transplant)	☐ Resident or employee of healthcare, correctional or long-term care facility
☐ Other disease	☐ Child or adolescent exposed to high-risk adult

Complete LTBI Treatment		
Date treatment stopped	Date treatment completed	Months of treatment

Incomplete LTBI Therapy	
☐ Lost, unable to locate	Exclusions
☐ Patient stopped on own initiative	☐ Subsequently diagnosed with active disease
☐ Discontinued on medical advice unrelated to adverse drug reaction	☐ Died during treatment period
	☐ Moved, records referred
	☐ Discontinued due to adverse drug reaction, specify

Fax Date

Fax completed form to Tacoma-Pierce County Health Department's
Tuberculosis Program confidential fax: (253) 649-1389