Tuberculosis Screening Record	
Name	Date of Birth
Date TB skin test applied	Date read
Results	MM induration
QFT/T-Spot Date	Results
Provider	Phone

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Tacoma-Pierce County Health Department Network Manual

Chest X-ray Date	Results
Treatment ◯ Yes ◯ No	Start Date
Medications	End Date
Completed ◯ Yes ◯ No	# Months
Provider	
Provider Address	Phone

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