West Virginia Department of Health and Human Resources Tuberculosis Control Program

Individual Tuberculosis Report

NAME	SOCIAL SECURITY #		
ADDRESS:	TELEPHONE #		
COUNTY	SEX: M F DATE OF BIRTH:		
Within City Limits: —— Yes —— No	PHYSICIAN'S NAME & ADDRESS:		
HOMELESS WITHIN PAST YEAR:Yes No.			
RACE: — White — Black — Amer. Ind./Alaskan — Asian/Pacific Islander — Other ETHNIC ORIGIN: — Hispanic — Not Hispanic	COUNTRY OF ORIGIN: —— USA —— Other (Specify) ————————————————————————————————————		
OCCUPATION (Check all that apply within the past 24 months): ———— Health Care Worker ———— Migratory Agr ————————————————————————————————————	ricultural Worker — Other Occ. d within past 24 months		
SITE OF DISEASE: ———————————————————————————————————			
CHEST X-RAY: Date of X-ray: ———— Normal If Abnormal: (check of the control of th	Stable Stable Worsening		
BACTERIOLOGY: Date Collected: RESULT Source of Specimen: Sputum Other (specify) TUBERCULIN SKIN TEST (MANTOUX) AT TIME OF DIAGNOSIS	TS: Smear Culture ———————————————————————————————————		
Positive - Millimeters of induration Negative - Was pt. anergic? Yes No Not Done	Not Done		
DATE SKIN TEST GIVEN:	(OVER)		

HIV STATUS:	Negative Refused					
descriptions	Positive Not Offered		red			
	Indeterminate	determinate Test Done, Results Unknown				
If Positive, Based on:	Medical Documentation Patient History					
RESIDENT OF CORRECTIONAL FACILITY AT TIME OF DIAGNOSIS: No Yes						
If Yes: Federal Prison Local Jail Other Corr. Facility						
State Prison Juvenile Corr. Facility						
RESIDENT OF LONG-TERM CARE FACILITY AT TIME OF DIAGNOSIS: No Yes						
If Yes: Nursing Home Mental Health Res. Facillity						
Hospital-Based Facility Alcohol or Drug-Treatment Facility						
Residential Facility Other Long-Term Care Facility						
ILLEGAL NON-INJECTING DRUG USE WITHIN PAST YEAR: No Yes						
ILLEGAL INJECTING DRUG	3 USE WITHIN P	PAST YEAR:	No	Yes		
EXCESS ALCOHOL USE V	VITHIN PAST YE	AR:	No	Yes		
			•		•	
INITIAL DRUG REGIMEN:						
	No	Yes L	Jnk. Dosa	age	Date Therapy Started	
Isoniazid						
Rifampin	***************************************					
Pyrazinamide						
Ethambutol					<u></u>	
Streptomycin	-					
Ethionamide						
Kanamycin			-			
Cycloserine						
Capreomycin						
Para-Amino	-					
Salicylic Acid Amikacin						
Rifabutine						
Ciprofloxacin	-					
Ofloxacin	•					
	-					
Other (Specify)	description of					
Reported By				Date		