

Report of Tuberculosis Screening

Name _____ Date of Birth _____ Date _____

To Whom It May Concern:

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

_____ A tuberculin skin test (PPD) 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.

_____ A tuberculin skin test (PPD) was administered on _____ and results, read on _____, were as follows: _____ mm _____ Negative _____ Positive.

_____ The individual either is currently receiving or has completed adequate modification 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 tuberculosis 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 or Health Department Official)

Address: _____ Phone _____

Report of Tuberculosis Screening

Name _____ **Date of Birth** _____ **Date** _____

To Whom It May Concern:

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

Tuberculin Skin Test (PPD)			
Date Given	_____	Date Read	_____
Results:	_____ mm	_____ Negative	_____ Positive
Signature	_____	Date	_____
	(MD or Health Dept. Official)		
Address	_____	Phone	_____

Chest X-ray Report – No Active Disease	
Date of Chest X-ray	_____
	_____ No evidence of active tuberculosis
The individual listed above has no symptoms or radiographic findings compatible with active tuberculosis. The individual is free of tuberculosis in a communicable form.	
Signature	_____ Date _____
	(MD or Health Dept. Official)
Address	_____ Phone _____

Chest X-Ray Report – Abnormal Report	
Date of Chest X-ray	_____
	_____ Chest X-ray abnormal, active tuberculosis to be ruled out
Active tuberculosis cannot be ruled out in the individual listed above. The individual should be referred to a physician or health department for further evaluation.	
Signature	_____ Date _____
	(MD or Health Dept. Official)
Address	_____ Phone _____