

## REPORT OF TUBERCULOSIS SCREENING

DATE \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### 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.

\_\_\_\_\_ The individual either is currently receiving or has completed adequate medication 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**

DATE \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**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 Department 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 Department 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 Department Official)

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