

I. EXPOSURE

NAME OF PERSON WHOM PATIENT WAS EXPOSED

PLACE OF EXPOSURE

DATE OF EXPOSURE

II. CONTACTS RECORD PRIOR TO EXPOSURE

DATE	SKIN TEST - PPD READINGS	DATE	CHEST FILM READINGS (Last 3)

III. INITIAL CONTACT EXAMINATION

INSTRUCTION

1. When the results of the skin test are positive (10 mm. or more), complete the following section on chest x-ray.

SKIN TEST		CHEST X-RAY	
DATE	RESULTS IN MM.	DATE	RESULTS

HISTORY (Geographic, ect.) AND PHYSICAL FINDINGS

IV. FOLLOWING-UP EXAMINATION

INSTRUCTIONS

- Fill in the dates on which test are to be scheduled in space provided below.
- File in Health Record.
- If skin test reaction of converts to positive during the contact study, complete the reverse side.

PERIOD	DATE SCHEDULED	DATE PERFORMED	PPD OR X-RAY RESULTS	INSTITUTION AT WHICH TEST PERFORMED
SIX WEEKS				
THREE MONTHS				
SIX MONTHS				
TWELVE MONTHS				

V. CONTACT IDENTIFICATION

NAME (Last, first, middle)	REGISTRATION NO.	AGE	SEX

INSTITUTION	DATE

ALWAYS use 5 T.U. (0.0001 mg) PPD and Mantoux technique for tuberculin testing, record results in mm.

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VI. TUBERCULIN SKIN TEST CONVERSION

HISTORY

PHYSICAL

X-RAY

SPUTUM (Smear of concentrated and cultures)

GASTRIC WASHING CULTURES

SIGNATURE (Medical Officer)

Date

VII. X-RAY EXAMINATIONS

PERIOD	DATE SCHEDULE	DATE PERFORMED	INSTITUTION	RESULTS	SIGNATURE (Medical Officer)
3 MOS					
6. MOS					
9 MOS					
1 YEAR					

DATE ISONIAZID WAS STARTED (If not started state reason.)

REMARKS