

TUBERCULOSIS CHEMOPROPHYLAXIS RECORD

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Inmate's Name (Last, First, Middle Initial)	Register No.	Date of Birth	Age
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Sex: Male ; Female Race: White ; Black ; Asian ; Hispanic ; Native American

MEDICAL HISTORY

PPD: Current Test: Date _____ mm; Previous test : Date _____ mm; Unknown

HIV status: Positive ; Negative ; Not Tested Date Tested _____ BCG: Yes ; No

Chest x-ray: Negative ; Abnormal ; Fibrotic Lesion (old TB) ; Other

Previous INH: Yes ; No DOPT: Yes ; No Adverse rx: Yes ; No

INDICATION(S) FOR PREVENTIVE RX

Close contact ; Recent convertor ; Age <35 ; Clinical condition

SCREENING HISTORY AND EXAM

Jaundice/hepatitis hx Yes ; No Dark Urine Yes ; No Wt Loss Yes ; No Cough/TB Symptoms Yes ; No

Liver disease Yes ; No Pregnancy Yes ; No Other symptoms/conditions _____

Examination: T P R BP Weight _____ lbs _____ kgs

TREATMENT HISTORY

INITIATION
Start date _____ Drug tx _____ mgms. Freq _____ Duration _____ doses
Prescribing Clinician's Name _____ Facility _____

DISCONTINUATION
Preventive treatment interrupted or discontinued prior to prescribed duration--list indication(s):

Active Case ; Deceased ; Released ; Inmate decision ; Adverse Rx ; Medical Advise ; Noncompliance

Other (indicate) _____

Dose taken _____ Discontinuation Date _____

Evaluating clinician's Name _____ Facility _____

COMPLETION
Doses Taken _____

Preventive treatment completion date _____ Facility _____

Comments: