

TUBERCULOSIS CASE/SUSPECT REPORT

Facility	State	County	Report Date
Fax to HSD Central Off: 202-305-0862			
DEMOGRAPHICS			
Name: (Last)		(First)	(Middle) Reg. #
DOB: ____/____/____	Sex: ____	Race W ____ B ____ Asian ____ Native American ____ Hispanic ____	
Country of Origin: U.S. ____ Other ____ (Specify)			Mo./Yr. Arrival ____/____
Date of Intake BOP: ____/____/____		Date of Entry-Current Facility: ____/____/____	
Residence Prior to Incarceration: City _____			State _____
TB HISTORY			
Case Status: ____ Confirmed ____ Suspect ____ Alive ____ Deceased			
TB Skin Test: ____ Positive ____ Negative ____ Not Done ____ Unknown Result ____ mm Date ____/____/____			
HIV Status: ____ Positive ____ Negative ____ Not Tested Date Tested ____/____/____ CD4 cell count _____			
CXR: Negative ____ Abn ____ Cavity Y ____ N ____ Not Done ____ Major Disease Site: ____ Pulmonary Other _____			
Treatment Hospital: _____ Telephone _____			
BACTERIOLOGY			
Laboratory: _____ Telephone _____			
Sputum Results	Report Date	Positive	Negative Not Done Pending
#1 Smear (AFB)	____/____/____	____	____
Culture (MTB)	____/____/____	____	____
#2 Smear (AFB)	____/____/____	____	____
Culture (MTB)	____/____/____	____	____
#3 Smear (AFB)	____/____/____	____	____
Culture (MTB)	____/____/____	____	____
Susceptibility Results (S/R) INH ____ RIF ____ PZA ____ ETH ____ SM ____ OTHER _____			
Date of Sputum Culture Conversion to Negative: ____/____/____			
TREATMENT			
Regiment #1 Lbs ____ Kg ____	Regiment #2 Lbs ____ Kg ____	Regiment #3 Lbs ____ Kg ____	
Date Initiated ____/____/____	Date Initiated ____/____/____	Date Initiated ____/____/____	
Dose Freq	Dose Freq	Dose Freq	
INH	INH	INH	
RIF	RIF	RIF	
PZA	PZA	PZA	
ETH	ETH	ETH	
SM	SM	SM	
____	____	____	
____	____	____	
____	____	____	
Treatment Completed: ____ Y ____ N		Reason Not Completed: _____	
Local Health Department Contact: _____		Telephone: _____	
Other Pertinent Issues: compliance problems, drug side effects, persistent symptoms, etc.			