

_____ Health Department

TO: _____

DATE: _____
Re: _____

Dear Doctor:

The above-named case, contact, or suspected case of tuberculosis is understood to be under your care. The information requested below is needed to assist in surveillance and containment of the disease. Would you please complete the form and return it to the Health Department? Thank you for your assistance.

HEALTH OFFICER

Please supply information as indicated.

1. Date of last medical examination: _____ Is patient still under your care: YES NO
2. Date of last chest x-ray: _____ Results _____
3. Tuberculin test status: DATE: _____ Type of test: MANTOUX: _____ MULTIPUNCTURE _____
RESULTS: _____
4. Last bacteriological examination: Date collected: _____
Type: Sputum Method: Spontaneous RESULTS: SMEAR CULTURE
 Other (specify) _____ Induced Positive Positive for MTB
 _____ Other (specify) _____ Negative Positive (atypical)
 _____ _____ _____ Negative
 _____ _____ _____ Pending

DATE OF SPUTUM CONVERSION TO NEGATIVE: _____

Date of last positive bacteriological examination: _____

5. Drug susceptibilities/Sensitivities done? Yes No Date of specimen collection _____
Susceptibility results: _____

6. Present diagnosis:
 - A. Tuberculosis disease: Site: Pulmonary Genitourinary Lymphatic Bone/Joint
 Meningeal Peritoneal Pleural Miliary
 Other (specify) _____
 - B. Tuberculin infection.
 - C. Suspect - diagnosis pending
 - D. Mycobacterium Other Than Tuberculosis (MOTT) Specify _____
 - E. Other (specify) _____

7. Treatment: On TB drugs? Yes No Date started _____ Date Completed _____

<u>DRUG</u>	<u>DOSAGE</u>
<input type="checkbox"/> INH	_____
<input type="checkbox"/> RIFAMPIN	_____
<input type="checkbox"/> PZA	_____
<input type="checkbox"/> EMB	_____
<input type="checkbox"/> Other (specify)	_____
_____	_____

8. Remarks & recommendations: _____