Williamson County and Cities Health District
Positive TB Test Report
(PPD or IGRA)

Date:____/_____/_____

Name of Patient: _____ **DOB:** _____/____/_____

Phone: (**)** _____ **-** _____ *Home* **(** **)** _____ **-** _____ *Cell*

Sex: ☐ **M** ☐ **F** **Race:** _____ ☐ **Hispanic** ☐ **Non- Hispanic**

Patient's Address: _____
Street *City* *Zip Code*

Date of IGRA: _____/_____/____ ☐ **QFT** **or** ☐ **T-spot** **Result:** _____

Date of PPD: _____/_____/_____ **PPD Read:** _____/_____/_____ **Result:** _____ **(mm)**

Reason for test? ☐ **Symptoms** ☐ **Employment** ☐ **Immigration** ☐ _____

Previous Test? ☐ **Yes** ☐ **No** ☐ **Unknown** **Date of Previous Test:** ____/_____/_____ **Result:** _____**(mm)**

Agency Reporting: _____ **Agency Phone: (** **)** _____ **-** _____

Agency Fax: (**)** _____ **-** _____ **Treating M.D.:** _____

SYMPTOMS

☐ **Cough** ☐ **Hemoptysis** ☐ **Productive Cough** ☐ **Fever** ☐ **Chills** ☐ **Night Sweats**

☐ **Weight Loss (>10%)** ☐ **No Symptoms** ☐ **Other:** _____

Date of CXR: _____/_____/_____ **CXR Results:** ☐ **+** ☐ **-** **Foreign Born?** ☐ **Yes** ☐ **No**

Contact to case? ☐ **Yes** ☐ **No** **BCG?** ☐ **Yes** ☐ **No** **International Travel?** ☐ **Yes** ☐ **No**

Contact's Name: _____ **Relationship:** _____

If yes, where? _____ **Date:** _____/_____/_____

Comments: _____

If you suspect active disease, please call us immediately at 512-248-7651

Please fax all positive skin tests* with the *mm reading, a copy of the written CXR results and IGRA lab reports for all Williamson County residents to:

Williamson County & Cities Health District
Attn: TB Team Fax: 512-712-1256