UCSF Benioff Children's Hospital
Oakland

Latent Tuberculosis Infection Evaluation/Treatment Record

_____
Patient Name

_____ _____
Date of Birth Medical Record Number

TEST RESULTS:

☐ TB Skin Test (PPD): Date: ___/___/___ Result: ☐ Negative ☐ Positive
Reading: _____ mm of induration

☐ QuantiFERON (QFT): Date: ___/___/___ Result: ☐ Negative ☐ Positive

☐ Chest X-ray: Date: ___/___/___ Result: ☐ No evidence of active tuberculosis
☐ Other: _____

TREATMENT:

☐ Treatment is NOT indicated

☐ Based on NEGATIVE TB Skin Test (PPD), this patient has low likelihood of TB infection and therefore does not require treatment at this time.

☐ Based on NEGATIVE QuantiFERON (QFT) result, this patient has low likelihood of TB infection and therefore does not require treatment at this time.

☐ Treatment for Latent Tuberculosis Infection for _____ months with_____

Start Date: _____/_____/_____ ☐ Treatment in progress
Completion Date: _____/_____/_____ ☐ Adequate treatment completed

ADDITIONAL INFORMATION:

☐ This patient is NOT CONTAGIOUS and may participate in regular school or work activities.

☐ This patient should NOT undergo future TB skin testing (PPD) or QuantiFERON (QFT) because the result will likely remain positive, and therefore repeat testing provides no additional information. Periodic symptom reviews and physical examinations by the primary care physician are reasonable approaches to monitor for future illness. A repeat CXR is only necessary when clinically indicated.

☐ If future TB testing is indicated, please use: ☐ QuantiFERON (QFT) ☐ TB skin test (PPD)
☐ Either QFT or PPD

_____ _____
Physician Name Physician Signature

_____/_____/_____
Date

Source: Pediatric TB/ID Program at UCSF Benioff Children's Hospital Oakland (510) 428-3336