

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.

...

...

...

...

Physician Name

Physician Signature

____/____/____
Date