

History of LTBI

⇒ **AITC STAFF USE ONLY**

TB Testing (list dates, test types, findings) _____

CXR (list dates, findings, esp. most recent CXR) _____

Sx Review Positive for Sx Negative for Sx

LTBI Tx Treated: Completion Documented → *(Attach Copy of Documentation)*

Incomplete: Not completed, Not Documented, or Documentation Unavailable

Not Treated

Congregate Yes No Employee or resident of Congregate Living setting (jail, shelter, SNF, rehab, etc)

Exposure Yes No Recent (since last TB eval) exposure to Active TB Case

Risk Factors Yes No HIV or other significant immune compromise due to illness or medication

Yes No TB test conversion within past 2 years

Yes No On immune modulator therapy for autoimmune disease

Yes No End Stage Renal Disease, silicosis, jejunio-ileal bypass, or head/neck carcinoma

Yes No Old inactive TB on prior CXR

Yes No Diabetes, gastrectomy, IV drug use, or malnutrition

DISPOSITION / PLAN

 (A) Ok to clear

 (B) Provider Visit and CXR

 (C) Ok to clear; Watch for New TB Symptoms; See provider for F/U and consideration of INH if no previous Tx or Treatment incomplete

 (D) Consult SFTBC by phone and follow recommendations

 (E) Provider Visit and CXR; Consult SFTBC by phone

Referral To: _____

Clinician Signature: _____ Date: _____