



Sonoma County Public Health Tuberculosis Reporting

REPORTING		
Status <input type="checkbox"/> Active <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Infected, No Disease <input type="checkbox"/> Recent Converter*	Site(s) <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-Pulmonary Location: _____ <input type="checkbox"/> Both	Note: Latent TB infection is only reportable for persons with TST/IGRA conversion who live or work in a healthcare setting, or, children less than two years old. *For TST, an increase of ≥ 10 mm in induration size during \leq to 2 years.

Patient Name: _____ DOB: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Language(s): ENGLISH No Yes If no, specify language: _____ Date: _____

TB TEST RESULTS		
Tuberculin Skin Test (TST/PPD)	Size in mm: _____ mm. (induration)	Date Placed: _____ Date Read: _____
IGRA (TB blood test)	Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	<input type="checkbox"/> QuantiFERON-TB Gold <input type="checkbox"/> T-Spot
Radiology	<input type="checkbox"/> Normal <input type="checkbox"/> Cavitary <input type="checkbox"/> Pending <input type="checkbox"/> Abnormal/Noncavitary <input type="checkbox"/> Not Done	Date Obtained: _____ If not done, plan for obtaining: _____
Sputum	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Requesting Public Health Assistance	Date collected: _____ Results: _____

SYMPTOMS – check if pt has:	Onset Date:	RISK FACTORS – check if pt is:	Comments:
<input type="checkbox"/> Cough		<input type="checkbox"/> Contact to TB Case	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Diabetic	
<input type="checkbox"/> Fever		<input type="checkbox"/> Foreign Born – State where:	
<input type="checkbox"/> Anorexia		<input type="checkbox"/> Recently Travelled	
<input type="checkbox"/> Night Sweats		<input type="checkbox"/> HIV +	
<input type="checkbox"/> Hemoptysis		<input type="checkbox"/> Homeless	
<input type="checkbox"/> Weight Loss		<input type="checkbox"/> IVDU	
<input type="checkbox"/> Other:		<input type="checkbox"/> Recently Incarcerated	
<input type="checkbox"/> No symptoms		<input type="checkbox"/> Previous TB/LTBI dx/tx. Attach records if possible.	

REFERRED BY: Name: _____ Facility: _____

Telephone: _____ Fax: _____

Have you attached all results (radiology, labs) and relevant provider notes to this report? No Yes

Fax to Public Health Disease Control: (707) 565-4565 or email securely to phnurse@sonoma-county.org