

**NH Tuberculosis Program
Positive Tuberculosis Skin Test Report Form**

A. Demographic Information

Patient Name _____ DOB _____

Address _____ Phone _____

Birth Country _____ Year of Arrival _____ Sex: Male
Race: White Black/African American Female
 Asian Native Hawaiian/Pacific Islander
 American Indian/Alaska Native Unknown
Ethnicity: Hispanic Non-hispanic Unknown
Occupation _____

B. Clinical Information

Current Tuberculin Skin test _____ mm Date read _____
Chest x-ray date _____ Date of medical evaluation _____
Chest x-ray result _____

Reason for skin test _____ Symptomatic Yes _____ No _____

C. Risk Factor Information

- Recent contact to an active case (within 2 years)
 - Immunocompromised
 - Child < 5 years old
 - New refugee or immigrant with Class A or B status
 - Recent converter (increase in skin test > 10mm within 2 yr period) previous TST _____ mm, Date read _____
 - None identified
- night sweats
 - weight loss
 - fevers
 - cough

D. Treatment Information

- Isoniazid (INH): Adults: 5mg/kg (300mg max.) qd for 9 months
Children: 10-15mg/kg (300mg max.) qd for 9 months
- Rifampin: Adults: 10mg/kg (600mg max.) qd for 4 months
Children: 10-20mg/kg (600mg max.) qd for 4 months
- Other treatment _____
- No treatment. Reason not treated (i.e. previously treated, patient refused, Medically contraindicated) _____

Health Care Provider _____
Address _____
Phone _____

Reporting source _____ Date _____
Phone _____

INTERNAL USE ONLY
Reviewed by _____
Discharge status _____
Date _____