

**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 Asian Female
 Native Hawaiian/Pacific Islander American Indian/Alaska Native
 Unknown
Ethnicity: Hispanic Non-hispanic Unknown
Occupation _____

B. Clinical Information

Current Tuberculin Skin test result: _____ mm Date read _____
Interferon-gamma release assay (IGRA) result: _____ Lab Result Date _____
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
 - Class A or B refugee or immigrant
 - 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 _____ |