Sonoma County Public Health Tuberculosis Reporting

REPORTING		
Status	**Site(s)**	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 ≤ to 2 years.
❏ **Active** 　❏ **Confirmed** 　❏ **Suspected** ❏ **Infected, No Disease** 　❏ **Recent Converter***	❏ **Pulmonary** ❏ **Extra-Pulmonary** 　Location:_____ ❏ **Both**	

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: _____ ❏ QuantiFERON-TB Gold ❏ T-Spot ❏Negative ❏Positive ❏Indeterminate
Radiology	❏ Normal ❏ Cavitary ❏ Pending ❏ Abnormal/Noncavitary ❏ Not Done	Date Obtained: If not done, plan for obtaining:
Sputum	❏ Normal ❏ Abnormal ❏ Pending ❏ Not Done ❏ Requesting Public Health Assistance	Date collected: Results:

SYMPTOMS – check if pt has:	Onset Date:	RISK FACTORS – check if pt is:	Comments:
❏ Cough		❏ **Contact to TB Case**	
❏ Fatigue		❏ **Diabetic**	
❏ Fever		❏ **Foreign Born – State where:**	
❏ Anorexia		❏ **Recently Travelled**	
❏ Night Sweats		❏ **HIV +**	
❏ Hemoptysis		❏ **Homeless**	
❏ Weight Loss		❏ **IVDU**	
❏ Other:		❏ **Recently Incarcerated**	
❏ No symptoms		❏ **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