



Tuberculosis Services Branch Monthly Correctional TB Report

PLEASE PRINT. Report is due no later than the 5th working day of the following month. This report should be submitted on a monthly basis to your local health department. Visit <http://texas.tb.org/forms/#jail> to download this form.

REPORTING FACILITY			
Complete Facility Name:	Report Month:		
Contact Person:	Email Address:		
Phone Number:	Fax Number:		
A. SCREENING			
	Inmates	Employees	Comments
Number of TB Skin Tests Administered:			
Number of TB Skin Tests Read:			
Number of IGRA* Tests Administered:			
Number of IGRA Tests Analyzed:			
Number of Prior Positive (Documented history of TST or IGRA):			
Number of Chest X-rays Performed:			
B. SCREENING RESULTS			
	Inmates	Employees	Comments
Number of TB Skin Test measured 10 mm or greater:			
Number Positive IGRA Tests:			
Number of Negative IGRA Tests:			
Number of converted TB Skin Tests or IGRA Tests:			
Number of TB Suspects** (List the names on form EF12-11461):			
Number of Cases (List the names on form EF12-11461):			
C. TREATMENT			
	Inmates	Employees	Comments
Number Started on Treatment for TB Infection:			
Number Completed Treatment for TB Infection:			
Number Started on Treatment for TB Disease:			
Number Completed Treatment for TB Disease:			
D. DISCHARGE TO COMMUNITY			
	Inmates	Comments	
Number of TB Suspects Discharged to the Community:			
Number of Cases Discharged to the Community:			
Number of Discharged TB Suspects and Cases Reported to the Health Department:			
E. TRANSFERS			
	Inmates	Comments	
Number of TB Suspects Transferred:			
Number of Cases Transferred:			
Number of Transferred TB Suspects and Cases Reported to the Health Department:			

*Interferon Gamma Release Assay (Quantiferon or T-Spot) ** A person with or without a positive Mantoux tuberculin skin test or IGRA test signs or symptoms of TB suspected of having TB prior to the completion of diagnostic studies.