



## Tuberculosis and Hansen's Disease Unit Instructions for Positive Reactors/Suspects/Cases Report

This form must be filled out each month and submitted to your local or regional health department by the 5<sup>th</sup> of the following reporting month. If you do not have any prior positives, positive reactors, cases, or suspects, please write "NONE" on the form and submit.

**Name of Facility:** Provide the legal name of the correctional facility reporting TB screening activities. **Please do not abbreviate.**

**Contact Person:** Provide the name of the person responsible for completing the monthly report and/or the person who can be contacted to clarify information submitted on this report. Include titles such as RN or LVN.

**Reporting Month:** Provide the month of the reporting period.

**Book-In Date:** For all inmates, provide the book-in date (intake date) of the positive reactor, suspected case, or confirmed case being reported. (Format: mm/dd/yyyy)

**Name:** Provide the individuals full name. (Format: Last, First)

**Patient Type (PT):** Provide the individual's patient type. Report 1 if individual is an inmate, 2 if individual is an employee, and 3 if individual is a volunteer.

**Social Security Number (SS#) or Alien Number:** If available, provide individuals social security number or alien number.

**Date of Birth (DOB):** Provide individuals date of birth. (Format: mm/dd/yyyy)

**Race:** Provide individuals given race and/or ethnicity. Report 1 for Non-Hispanic White, 2 for Asian/Pacific Islander, 3 for Non-Hispanic Black, 4 for Hispanic, and 5 for American Indian/ Alaskan Native.

**Prior Positive:** Provide if individual has a documented history of a positive TST or IGRA (Format: Yes or No). Please do not leave this column blank. Note: This only applies to individuals with a **documented** history of a positive TST or IGRA. If documentation of a prior positive is not present, then a TST should be placed, and if positive, the information should be captured appropriately.

**Date Placed:** Provide the date the individual was administered their TB test, and the type of test they were administered. (Format: mm/dd/yyyy, TST or IGRA). Please do not leave this blank, if applicable.

**Date Read:** Provide the date the individual's TST or IGRA was read. (Format: mm/dd/yyyy). Please do not leave this blank, if applicable.

**Result:** Provide the results of the individual's TST or IGRA. If reporting an TST result provide the mm of induration. If reporting an IGRA test result, please indicate negative, positive, or indeterminate. Please do not leave this column blank, if applicable.

**CXR Date:** Provide the date of chest x-rays done for inmates, employees and volunteers. (Format: mm/dd/yyyy). This section only applies to CXRs for individuals with signs and symptoms, abnormal chest x-rays, positive reactors, prior positives, cases, and suspects. Please do not include CXRs that were performed in lieu of a TST or IGRA (ex: refusals). However, all CXRs performed, should be included on the EF12-11462 (Monthly Correctional TB Report). **Do not include chest x-rays performed in lieu of a TST or IGRA**

**Normal/Abnormal:** Provide the recorded interpretation of the chest radiograph. You



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can abbreviate abnormal as "abn" and normal as "nor".

**Symptom Screening:** Provide whether individual was given a symptom screening. (Format Yes or No)

**TB Case/Suspect:** Provide whether the individual is a case (C) or a suspect (S). If not applicable, please put "n/a".

**Date Meds Started:** Provide the date the individual started on TB medications (Format: mm/dd/yyyy). If not applicable, please put "n/a".