

**Tuberculosis and Hansen's Disease Unit**  
**POSITIVE REACTORS/SUSPECTS/CASES (Form 12-11461)**

Please contact your DSHS public health region (PHR) or local health department (LHD) if you need assistance completing this form.

NAME OF FACILITY: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_ REPORTING MONTH: \_\_\_\_\_

**Include employees, inmates, and volunteers who are positive reactors, prior positive reactors, and/or diagnosed with suspected or confirmed TB disease.**

	Book-In Date/Date Hired	Initial or Annual Screening	NAME (LAST, FIRST)	* PT	Inmate #	DOB	Sex	Positive Reactor? Y or N	Immunocomp/ HIV/Recent Contact	Converter? Y or N (If Y, Include Date)	Documented Prior Positive? Y or N
1.											
2.											
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12.											
13.											
14.											
15.											

\* Patient Type (PT) 1 = Inmate; 2 = Employee; 3 = Volunteer    \*\*Include date of prior positives  
 \*\*\*If individual refuses CXR or is released before CXR, write "refused" or "released" in the cell. Write "pending" if CXR is not completed by the end of the reporting month.  
 \*\*\*\* S- Symptomatic, A- Asymptomatic, NC- Not Completed    \*\*\*\*\* C- Case, S- Suspect, TB Infection, N/A- Not Applicable

	NAME (LAST, FIRST)	Date Placed (MMDDYY)	Date Read (MMDDYY)	Result MM **	CXR Date	CXR Normal/ Abnormal	Symptom Screening ****	TB Case, Suspect, or TB Infection? *****	Date LHD/PHR was notified of Suspect/ Case/TB Infection	Rx Start Date	Released to Community or Transferred?	Comments
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