



**Kentucky Department for Public Health
Tuberculosis Control Program**

REPORT OF TUBERCULOSIS SCREENING

Date _____

TO WHOM IT MAY CONCERN:

The above named individual has been evaluated by _____
(Name of Health Department/ Facility)

_____ A tuberculosis health risk assessment was completed. No noted signs or symptoms suggestive of active disease.

_____ A tuberculin skin test was given on _____ (read within 48–72 hours after administration) and was read on _____ results _____ mm.

_____ A blood assay for *Mycobacterium tuberculosis* (BAMT) was drawn on _____.
Brand of BAMT: QuantiFERON-TB Gold Plus _____ or T-SPOT.TB _____

_____ A tuberculin skin test (TST) or a BAMT is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

_____ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

_____ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test or a positive BAMT for latent TB infection; therefore a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

_____ The individual had a chest x-ray on _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active TB disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature _____ Date _____
(MD, ARNP, PA, RN)

Address _____ Phone _____

