FRONT TB Disease Treatment Completion Card BACK

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**Kentucky Tuberculosis Control Program**

**Certificate of Completion of**

**Treatment for Tuberculosis (TB)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Patient Name***

has successfully completed treatment for tuberculosis disease.

For more information, contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Health Department

Telephone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Last Negative Culture:** | **Date:** |
| **Last CXR Results:** | **Date:** |
| **TST Results: mm**  | **Date:** |
| **BAMT Results:** | **Date:** |

**See your health care provider if you develop any of the following signs and symptoms of TB:** Tiredness, weakness, shortness of breath, fever, coughing for more than 2 weeks, night sweats, loss of appetite, weight loss, coughing up blood, hoarseness, chest pain

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