



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

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: If applicable, provide the book-in date (intake date) of the positive reactor, suspected case, or confirmed case being reported.

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).

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)

Date Read: Provide the date the individual's TST or IGRA was read (Format: mm/dd/yyyy)

Result: Provide the results of the individual's TST or IGRA. If reporting an TST result provide the mm of induration.

CXR Date: Provide the date of individuals chest x-ray. (Format: mm/dd/yyyy)

Normal/Abnormal: Provide the recorded interpretation of the chest radiograph. You can abbreviate abnormal as "abn" and normal as "nor".

Symptom Screening: Provide whether individual was given a symptom screening.

TB Case/Suspect: Provide whether the individual is a case (ALS Class = 3) or a suspect (ALS Class = 5).

Date Meds Started: If applicable, provide the date the individual started on TB medications. (Format: mm/dd/yyyy)