



Tuberculosis Services Branch Monthly Correctional TB Report

PLEASE PRINT. Report is due no later than the 5th working day of the following month. This report should be submitted on a monthly basis to your local health department. Visit <http://texas.tb.org/forms/#jail> to download this form.

REPORTING FACILITY				
Facility Name:	Report Month:			
Contact Person (Please Print):	Email Address (Please Print):			
Phone Number:	Fax Number:			
A. SCREENING				
	Inmates	Employees	Volunteers	Comments
Number of TB Skin Tests Administered:				
Number of TB Skin Tests Read:				
Number of IGRA Tests Administered:				
Number of IGRA Tests Analyzed:				
Number of Prior Positive (Documented history of (+) TST or IGRA):				
Number of Chest X-rays Performed:				
B. SCREENING RESULTS				
	Inmates	Employees	Volunteers	Comments
Number of TB Skin Test measured 10 mm or greater:				
Number Positive IGRA Tests:				
Number of Converted TB Skin Tests or IGRA Tests:				
*Number of TB Suspects Diagnosed at Facility:				
*Number of TB Cases Diagnosed at Facility:				
Number of TB Suspects Transferred In:				
Number of TB Cases Transferred In:				
C. TREATMENT				
	Inmates	Employees	Volunteers	Comments
Number Started on Treatment for TB Infection:				
Number Completed Treatment for TB Infection:				
Number Started on Treatment for TB Disease:				
Number Completed Treatment for TB Disease:				
D. DISCHARGE TO COMMUNITY				
	Inmates	Comments		
Number of LTBI's Discharged to the Community:				
Number of Suspects Discharged to the Community:				
Number of Cases Discharged to the Community:				
Number of Discharged LTBI/Suspects/Cases Reported HD:				
E. TRANSFERS				
	Inmates	Comments		
Number of LTBI's Transferred:				
Number of TB Suspects Transferred:				
Number of Cases Transferred:				
Number of Transferred LTBI/Suspects/Cases Reported to HD:				

*Include in the EF12-11461 Form