

LATENT TB INFECTION THERAPY REPORT (TB78)**MEDICAL RECORD #** _____
 START STOP CHANGE RESTART DATE FIRST SEEN: ____/____/____
MM DD YY
 DOH FACILITY PRESCRIBING TREATMENT ____ - ____ - ____ CRS # _____ STAFF # _____
REPORTING FACILITY: _____ **TELEPHONE** (____) _____ - _____
ADDRESS NUMBER / STREET _____ **BORO :**
 BROOKLYN BRONX QUEENS ZIP _____
 MANHATTAN STATEN ISLAND OUTSIDE NYC _____
PATIENT INFORMATION**PATIENT NAME** LAST: _____ FIRST: _____ MI: _____**SOCIAL SECURITY #** ____ - ____ - ____ **TELEPHONE** (____) _____ - _____
ADDRESS NUMBER / STREET _____ **ZIP** _____ **SEX:** _____
 MALE FEMALE **DATE OF BIRTH** ____/____/____
MM DD YY
BORO: BROOKLYN BRONX QUEENS MANHATTAN STATEN ISLAND OUTSIDE NYC
RACE: BLACK ASIAN / PACIFIC ISLANDER HISPANIC **ETHNICITY:** HISPANIC **COUNTRY OF BIRTH** _____ **IF FOREIGN-BORN,**
 WHITE NATIVE AMERICAN NON-HISPANIC **DATE OF ENTRY TO U.S.**
 (M / Y): ____ - ____
CLINICAL STATUS
DATE OF SKIN TEST ____/____/____ **TST RESULTS** ____ MM **DATE OF X-RAY** ____/____/____ **X-RAY RESULTS** (if abnormal)
MM DD YY MM DD YY NORMAL Consistent with active TB
 ABNORMAL Call TB Hotline (212) 788-4162
Was this patient tested by another provider and referred for evaluation and treatment? YES NO
DATE TLBTI STARTED ____/____/____ **RECOMMENDED TREATMENT** (Check One) **DIRECTLY OBSERVED TREATMENT FOR LTBI**
MM DD YY ISONIAZID 6 9 12 months YES NO
 TB classification (see reverse) RIFAMPIN X 4 MONTHS (If yes)
 Class _____ RIFAMPIN & PYRAZINAMIDE X 2 MONTHS DAILY (≥ 5X/ week)
 OTHER: _____ 2X weekly

REASON FOR TEST: (Check One) RECENT CONTACT TO A TB CASE
 (See instructions on reverse side)
 MEDICAL RISK Last Name _____ First Name _____
 POPULATION RISK Date of Birth ____/____/____ Source Case # A _____
 ADMINISTRATIVE, NO RISK FACTORS MM DD YY
STOPPED LTBI TREATMENT / DISCHARGE
DATE OF LAST VISIT ____/____/____ **# months on treatment for LTBI** ____ **REASON FOR STOPPING**
MM DD YY TRANSFERRED _____
 COMPLETED THERAPY (1) REFUSED (2) MOVED (4) LOST (3)
 CHOSE TO STOP (2) DIAGNOSED WITH ACTIVE TB A _____
 MEDICAL ADVICE (7) ADVERSE DRUG REACTION (7) DIED (5)
 NOT INFECTED (9) NO TX INDICATED (7) PREVIOUS TX (7)

Date: ____/____/____ Reported By: (Print) _____ Registry Entry: ____/____/____ Entered By: ____ - ____ - ____

REPORTS TO BE SENT TO: New York City Department of Health and Mental Hygiene, Bureau of Tuberculosis Control
Central Record System (CRS) • 125 Worth St., CN 74, Room 216, New York, NY 10013

TB Classification

Class	Type	Class	Type
0	No TB exposure; not infected	3	Current TB disease
1	TB exposure; no evidence of infection	4	Previous TB disease
2	TB infection; no disease	5	TB suspected

Conditions that are counted under Medical Risk

<p>HIV infection</p> <p>Tuberculin skin test conversion</p> <p>Fibrotic lesions (on chest X-ray) consistent with old, healed TB</p> <p>Injection drug use</p> <p>Diabetes mellitus</p> <p>Prolonged high-dose corticosteroid therapy or other intensive immunosuppressive therapy</p> <p>Chronic renal failure</p> <p>Some hematologic disorders, such as leukemia or lymphoma</p> <p>Specific malignant neoplasms, such as carcinoma of the head or neck</p> <p>Weight at least 10% less than ideal body weight</p> <p>Pulmonary silicosis</p> <p>Gastrectomy, or jejunioileal bypass</p> <p>Age ≤ 5 years</p> <p>Recent exposure to TB</p>
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Circumstances that are counted under Pop. (population) Risk

<p>Residency or occupation in high-risk congregate settings:</p> <ul style="list-style-type: none"> Prisons and jails Health care facilities Nursing homes and long-term facilities for the elderly Shelters for homeless persons <p>Birth in a country having a high prevalence or incidence of TB: Includes</p> <ul style="list-style-type: none"> Immigrants Refugees Students Some migrant workers <p>Socioeconomic predictors of exposure:</p> <ul style="list-style-type: none"> Low income Inner-city residence Migrant labor
