HAVE PHYSICIAN COMPLETE THIS FORM *ONLY* IF YOU HAVE HAD A POSITIVE PPD IN THE PAST (IF NO PAST POSITIVE PPD YOU NEED TO GET A PPD SKIN TEST)

EVALUATION OF REACTIVE TUBERCULIN SKIN TEST - PPD

Return by 7/15/07

Name_____Date_____
PPD Measurement_____ mm. induration Weight_____

Past History

Previous PPD Positive: Date_____ mm. Induration_____
Previous PPD Negative: Date_____
Previous Chest Xray: Date_____Result_____
BCG Immunization: Yes_____ No_____
Country of Origin: _____
Prior/Current TB Infection: Date_____
Treatment past/present: Date_____
Allergies to Medications: _____
Pregnancy/3 mo. Post-partum: Yes_____ No_____
Current Medications (OCP etc.): _____
History of Hepatitis/liver disease:_____

PPD Category: CHECK:

- ☐ Recent Conversion (within 2 years) Med.Tx./Xray 1+2yr.
- ☐ Old Conversion
- ☐ Other

5mm	10mm	15mm
____HIV	____immigrants (5 yrs) Asia, Africa ____Caribbean Islands, Mexico, S. AM ____Pacific Islands	____All others
____immunosuppressive therapy	____IV drug users	
____close contact with active TB infection	____healthcare workers	
____abnormal Chest film (prior TB)	____conditions: silicosis, diabetes, renal failure ____leukemias, lymphomas, ca. head/neck/lung	
	____<10% ideal body wt.	
	____gastrectomy, jejunoileal bypass	

Treatment of LTBI Med Recommended

- ☐ Yes
- ☐ No

Accepted

- ☐ Yes
- ☐ No
- ☐ Xray F/U

Baseline Evaluation	Date	Result----------
Chest Xray		
LFT's		
CBC		

Treatment Protocol Rx. Amount of medication until next visit

- ☐ A. INH 300 mg daily x 9 mo
- ☐ B. Rifampin (Rif) 600mg daily and Pyrazinamide (PZA) (15-20 mg/kg) (Usually 1-2gm). Both x 2 mo
- ☐ C. Rifampin (Rif) 600mg daily x 4 mo

Counseling

- ☐ Risk for TB
- ☐ Benefits of treatment and adherence to drug regimen
- ☐ Possible adverse effects of regimen, interactions with drugs (decreased effect of OCP; need for back-up method; contact lens staining with Rif)
- ☐ Signs and symptoms of adverse effects of regimen and need for prompt cessation of treatment: (nausea, vomiting, anorexia, dark urine, icterus, rash, persistent paresthesias of hands/feet, persistent fatigue, weakness/fever 3 or more days, abdominal tenderness, bruising/bleeding, arthralgias)
- ☐ Follow up plan - (2 wk/4wk,8wk for Rif + PZA) (Monthly for INH or Rif only)

Signature:_____
Date:_____