

**Williamson County and Cities Health District
Positive TB Test Report
(PPD or IGRA)**

Date: ____/____/____

Name of Patient: _____ DOB: ____/____/____

Phone: () _____ - _____ Home () _____ - _____ Cell

Sex: M F Race: _____ Hispanic Non- Hispanic

Patient's Address: _____

Street

City

Zip Code

Date of IGRA: ____/____/____ QFT or T-spot Result: _____

Date of PPD: ____/____/____ PPD Read: ____/____/____ Result: _____ (mm)

Reason for test? Symptoms Employment Immigration _____

Previous Test? Yes No Unknown Date of Previous Test: ____/____/____ Result: _____ (mm)

Agency Reporting: _____ Agency Phone: () _____ - _____

Agency Fax: () _____ - _____ Treating M.D.: _____

SYMPTOMS

Cough Hemoptysis Productive Cough Fever Chills Night Sweats

Weight Loss (>10%) No Symptoms Other: _____

Date of CXR: ____/____/____ CXR Results: + - Foreign Born? Yes No

Contact to case? Yes No BCG? Yes No International Travel? Yes No

Contact's Name: _____ Relationship: _____

If yes, where? _____ Date: ____/____/____

Comments: _____

If you suspect active disease, please call us immediately at 512-248-7651

***Please fax all positive skin tests with the mm reading, a copy of
the written CXR results and IGRA lab reports for all Williamson County residents to:***

**Williamson County & Cities Health District
Attn: TB Team Fax: 512-248-7615**