

Purpose: To be used for persons who:

- (1) have had a significant reaction to the tuberculin skin test;
- (2) have had a negative chest X-ray; and
- (3) need a record of their tuberculosis status.

Preparation: To be completed by a licensed medical professional.

Section A: Record the person's answers to questions 1-6.

- (1) If all answers are *no*, have person sign where specified and continue to Section B.
- (2) If any two answers are *yes*, **do not** complete the record. Refer person for evaluation as appropriate.

Section B: Complete information as specified.

NOTE: Document this visit in person's clinical record and specify outcome, i.e., indicate that the record or a referral was given to the person.

Disposition:

- (1) If all answers in Section *A* are *no*, no copy required. Document as noted above.
- (2) If any two answers in Section *A* are *yes*, retain original and any further referral form in record. Destroy in accordance with Standard 5, *Records Disposition Schedule*, published by the N.C. Division of Archives and History.

Additional forms may be downloaded from the N.C. TB Control website:
https://epi.dph.ncdhhs.gov/cd/tb/docs/dhhs_3405_2017.pdf