

**TUBERCULOSI**

Date Diagnosed:	
Past/Present History:	
Family	
Previous Treatment:	

Chest X-ray:	Date	Finding

Patient Education:	Date	Education	Provider
		Infection control practices	
		Disease etiology	
		Medication counseling	
		Family Testing	
		Follow Up	

Sputum	Date	Finding	Date	Finding

Visit Date:														
Weight:														
Medications:														
INH														
B6														
Rifampin														
Ethambutol														
PZA														
Lab:														
CB														
SMAC														

<b>IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:</b>	
1. Name: (Last)	(First)
2. DOB:	3. A #
4. Nationality:	5. Facility: