



Tuberculosis and Hansen’s Disease Unit  
Report of TB Conditions (Form 12-11461)

DO NOT ADD OR DELETE COLUMNS

This form documents all individuals with a notifiable Tuberculosis condition reported to your health department.

Instructions: Please list all inmates screened and identified with TB infection and/or diagnosed with suspected or confirmed TB disease.  
Please contact your DSHS public health region (PHR) or local health department (LHD) if you need assistance completing this form.

Name of Facility: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_ Reporting Month and Year: \_\_\_\_\_

Book-In Date or Date Hired	Name (Last, First)	PT <sup>1</sup>	DOB	Sex <sup>2</sup>	Date Placed or Drawn <sup>3</sup>	Date Read <sup>3</sup>	Result mm and IGRA <sup>3</sup>	Converter Y or N If Y, Date <sup>4</sup>	CXR Date	CXR Result <sup>5</sup>	Symptom Screening <sup>6</sup>	TB Infection Case or Suspect <sup>7</sup>	Treatment Start Date	Released, Transferred, Both, None <sup>8</sup>
01/02/22	Doe, Jon	1	12/12/98	M	01/04/22	01/06/22	15	Y 01/12/21	01/08/22	N	A	I	01/09/22	REL 01/23/22

1: Patient Type (PT) 1- Inmate; 2- Employee; 3 - Volunteer  
 2: M- Male; F- Female; O- Unknown/Other  
 3: Include dates and result of prior positives  
 4: If Y, include dates placed/drawn of last negative test  
 5: Format: A-Abnormal; N-Normal

6: A- Asymptomatic; S-Symptomatic; NC- Not Completed  
 7: C- Case; S- Suspect; I- TB Infection  
 8: Format: TI-Transferred In; TO-Transferred Out; REL-Released; B-Both (released and transferred in); N-None. Provide the dates of transfers or release.