



Hays County Local Health Department

TUBERCULOSIS REPORTING

Date: _____

To: Hays County Local Health Department 401A Broadway San Marcos, TX 78666 Amy Wolf, BSN, RN, CVRN O# (512) 393-5569 F# 512-393-5530	Reporting Agency/Treating M.D. info:
--	--------------------------------------

Patient _____ DOB: _____ Sex _____ Phone: _____

Address _____
Street City County State Zip

TST Result: _____ mm Date Administered: _____ Date Read: _____ Foreign Born? ☐ Y ☐ N

IGRA: ☐ QFT ☐ T-SPOT Date: _____ Result: _____

Reason for test? ☐ Symptomatic ☐ Employment ☐ Immigration Other: _____

SYMPTOMS

- ☐ Cough ☐ Hemoptysis ☐ Productive Cough ☐ Fever Chills ☐ Night Sweats
☐ Weight Loss (>10%) ☐ No Symptoms ☐ Other: _____

Service Provided:

- ☐ * Chest X-ray: Date: _____ CXR Results: _____
☐ Mantoux Skin Test/IGRA
☐ Request Update

Comments: _____

IF YOU SUSPECT ACTIVE DISEASE, PLEASE CALL US IMMEDIATELY AT 512-393-5569

Please fax all supporting documents along with this form; for positive skin tests, IGRAs, CXR report and any recent labs for all Hays County residents to:

**ATTN: AMY WOLF, BSN, RN, CVRN
FAX (512) 393-5530**