OKLAHOMA DEPARTMENT OF CORRECTIONS
TUBERCULOSIS SUMMARY RECORD

( ) **OPENING INTERCHANGE DATE:** _____ ( ) **CLOSING INTERCHANGE DATE:** _____ ( ) **UPDATE INTERCHANGE DATE:** _____

NAME: (Last, First)	Date of Reception: _____/_____/_____ Date of Employment: _____/_____/_____	SS Number: _____-_____-_____	ODOC Number:

☐ Inmate
☐ Employee

Home Address: _____ County of Residence: _____
City/State/Zip: _____ Phone: (_____)_____

DOB: _____/_____/_____
SEX: ☐ Female ☐ Male
Country of Birth: _____

RACE:
☐ White ☐ Amer. Ind./Alaskan Native ☐ Black
☐ Asian or Pacific Islander

ETHNIC ORIGIN:
☐ Hispanic/Latino
☐ Non Hispanic

BASELINE TESTING INITIAL SKIN TEST:
(or Documented History of Positive Mantoux)
Was therapy recommended? ☐ Yes ☐ No

Date Given: ___/___/___
Date Read: ___/___/___
SIZE _____mm

BOOSTED SKIN TEST:
Date Given: _____/_____/_____
Date Read: _____/_____/_____
SIZE _____mm

Classification:
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Have you ever had an organ transplant? ☐ Yes ☐ No
Are you on medications that suppress your immune system? ☐ Yes ☐ No

CXR
DATE ___/___/___
☐ Normal
☐ Abnormal

IF ABNORMAL:
☐ Cavitary ☐ Stable
☐ Non Cavitary
☐ Worsening

HISTORY OF PREVIOUS TB TREATMENT:
☐ INFECTION-Date started: _____ Date stopped: _____
☐ TB DISEASE-Date started: _____ Date stopped: _____

Bacteriology For M. Tuberculosis:		POS	NEG	Date Collected	Source
	AFB Smear	☐	☐		
	Culture	☐	☐		
	AFB Smear	☐	☐		
	Culture	☐	☐		
	AFB Smear	☐	☐		
	Culture	☐	☐		

DIAGNOSIS DATE: _____/_____/_____ Weight:_____
☐ Active TB ☐ TB Infection w/o disease

FOR ACTIVE TB:
Major Site of Disease
☐ Pulmonary ☐ Other (specify)_____
Case reported to Health Department? ☐ Yes ☐ No
Date of Report: ____/____/____
Contact Investigation done? ☐ Yes ☐ No
If yes, Date ___/___/___ Follow-up Date ____/____/____

CHEMOTHERAPY FOR INFECTION OR DISEASE

Drugs	Dosage	Date started	Date stopped	Reason stopped
INH	_____	____/___/____	___/____/____	_____
PZA	_____	____/___/____	___/____/____	_____
RIF	_____	____/___/____	___/____/____	_____
EMB	_____	___/___/___	___/___/___	_____
Other	_____	___/___/___	___/___/___	_____

Drug resistance: ☐ Yes ☐ No Supervised by: _____
_____
If no chemotherapy given, reason: _____
_____

HIV TEST:
ELISA ☐ Positive ☐ Negative Date _____
W. Blot ☐ Positive ☐ Negative Date _____

TESTING: Tetanus ☐ Size:_____mm Date: ___/___/___
Other ☐ Size:_____mm

Date	Event/Comment	Date	Event/Comment