



MINNESOTA LATENT TB INFECTION (LTBI) REPORTING FORM

Return completed form, preferably within **30 days of the completion of the adjustment of status exam**, to the contact listed at the bottom of this form.

| | | | |
|--|--|---|---|
| Name (last, first, middle) | | Sex | |
| Date of Birth (mm, dd, yyyy) | | Country of Birth | |
| Alien or Visa Registration#: | | U.S. Arrival Date (mm, dd, yyyy): | |
| Address | | | |
| City | | State | Zip |
| Daytime telephone number | | Mobile telephone number | |
| Date of First Adjustment of Status (I-693) Exam (mm, dd, yyyy) | | | |
| Date Exam Completed (mm, dd, yyyy) | | | |
| Clinic Information | | | |
| Clinic Name | | | |
| Civil Surgeon Last Name | | First Name | |
| Address | | | |
| City | | State | Zip |
| Phone | | Fax | |
| Name/title person completing form | | | |
| Interpreter needed : <input type="checkbox"/> Yes, language(s) needed: _____ <input type="checkbox"/> No | | | |
| Tuberculosis Screening | | | |
| Arrival TB Class A or B Status: | | | |
| TB screening IGRA Test: (if 2 years and older) | Chest X-Ray – done in U.S. (If IGRA or TST positive, HIV+ or symptomatic) | Diagnosis (must check one) *LTBI Tx candidate | TB Classification (post-exam) |
| <input type="checkbox"/> QFT <input type="checkbox"/> T-SPOT <input type="checkbox"/> Not Done | <input type="checkbox"/> Done <input type="checkbox"/> Not Done | <input type="checkbox"/> No TB infection or disease | <input type="checkbox"/> No TB Class |
| IGRA Date: __/__/__ | Chest X-Ray Date: __/__/__ | <input type="checkbox"/> Latent TB Infection (LTBI)* | <input type="checkbox"/> Class A TB (disease) |
| IGRA Result: <input type="checkbox"/> Positive | <input type="checkbox"/> Normal | <input type="checkbox"/> Old, healed <u>not</u> prev. Tx TB* | <input type="checkbox"/> Class B2 TB (LTBI) |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Abnormal, stable, old or healed TB | <input type="checkbox"/> Previously treated LTBI | |
| <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Abnormal, cavitory | <input type="checkbox"/> Old, healed prev. Tx TB | |
| <input type="checkbox"/> Borderline | <input type="checkbox"/> Abnormal, non-cavitory, consistent with active TB | <input type="checkbox"/> Active TB disease – (suspected or confirmed) | |
| Tuberculin Skin Test (TST) (only if younger than 2 years) | <input type="checkbox"/> Abnormal, not consistent with active TB | <input type="checkbox"/> Pending | |
| <input type="checkbox"/> Not Done | | | |
| Date TST Read: __/__/__ | | | |
| ____mm Induration (not redness) | Referral to health department <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Note: Fill out the Minnesota Latent TB Reporting Form and return to the Minnesota Department of Health Refugee Health Program within 30 days of completion of exam. Inform client of referral. For more information, contact the Refugee Health Program at (651) 201-5414.

RETURN TO: Refugee Health Program Minnesota Department of Health

P. O. Box 64925

Saint Paul, MN 55164-0975

FAX: 1-800-311-9194