

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

Name: _____ DOB: | | |
TST _____ mm induration Date Read: | | |
QFT Pos Neg Indeterminate Date: | | |
Chest X-Ray Date: | | | Normal Abnormal (Stable)
Treatment Completed: Yes No (Contact Provider)
Name of Drug(s): _____
Started: | | | Stopped: | | | # Mos: _____
Provider Name: _____
Signature: _____ Phone: (_____)

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627

DOSYE TÈS AK TRETMAN TB W LA

- Toujou kite kat sa a nan pòtfèy ou
- Montre doktè a kat sa a, pou w pa refè egzamen epi/oubyen swiv tretman an ankò
- Rele doktè a si ou gen nenpòt siy oubyen sentòm maladi TB pandan 2 oubyen plis semèn:
 - Touse – Santi fèb epi fatige
 - Doulè nan kè – Lafyèw ak frison
 - Touse san – Swe lannwit
 - Pèdi pwa san w pa eseye

Èske w jwenn kat sa itil? Rele 1-800-482-3627