

Carry this record with you

- * **Keep this record up-to-date.** It will serve as a permanent record of your TB (tuberculosis) status.
- * **Check with your physician or public health nurse** if you have any signs of active TB such as prolonged cough, weakness, tiredness, fever, weight loss, or coughing up blood.
- * **Make sure all immunizations are up-to-date** when visiting your health care provider.

Name of local or Tribal health department (LTHD):

Phone number: _____

State law requires all confirmed and suspected cases of TB to be reported to the LTHD and the Wisconsin TB Program. This wallet card is for those being evaluated for TB and Latent TB Infection (LTBI) who need to retain records of the evaluation.

Contact Information

608-261-6319

DHSWITBProgram@dhs.wisconsin.gov

P-03429 (04/2023)



Wisconsin Tuberculosis Record



Name: _____

Date of birth: _____

TB status: _____ Active _____ Infected _____ Not infected

Date TB status established: _____

IGRA result: _____ Date: _____

QFT Tspot

TST #1 result: _____ mm Induration: Positive Negative

Date placed: _____ Date read: _____

TST #2 result: _____ mm Induration: Positive Negative

Date placed: _____ Date read: _____

Chest x-ray location and date: _____

Results: _____

Treatment

Regimen: _____ 3HP _____ 4R _____ 6-9INH _____ 3HR

_____ 6-9 RIPE Other: _____

Date started: _____ Date completed: _____

Prescriber: _____

Name and address of public health nurse for additional information:

Public health nurse signature: _____

Comments: _____
