

For Residents of Clackamas County

Fax form to: 503-742-5389

Infectious Disease Control & Prevention Phone:
503-655-8411

Latent Tuberculosis Infection Notification Form

****ALL FIELDS REQUIRED****

Date: _____

Civil Surgeon Information:

Name and Address		Person completing the form	
Phone Number		Fax Number	

Client Information:

Last Name		First Name, Middle Initial	
Date of Birth		Gender	
Race		Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country Of Origin		Date of Entry to US	
Address		Phone Number (s)	
Occupation			
Patient insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer:	_____
Patient referred to PCP for LTBI treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Interpreter needed No Yes, Language: _____

Diagnostic Results Attached:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> QuantiFERON-Gold Plus (QFT-g Plus) | <input type="checkbox"/> T-SPOT |
| <input type="checkbox"/> Purified Protein Derivative (PPD) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chest x-ray | |

Comments or additional information:
