Name: DOB:	Name: DOB:	Name: DOB:
TST: I I mm induration Date Read:	TST: I Imm induration Date Read:	TST: I Imm induration Date Read:
IGRA: ☐ Pos ☐ Neg ☐ Indeterminate Date:	IGRA: □ Pos □ Neg □ Indeterminate Date:	IGRA: ☐ Pos ☐ Neg ☐ Indeterminate Date:
Chest X-Ray: Date: □ Normal □ Abnormal (Stable)	Chest X-Ray: Date: □ Normal □ Abnormal (Stable)	Chest X-Ray: Date: □ Normal □ Abnormal (Stable)
Treatment Completed: ☐ Yes ☐ No (Contact Provider)	Treatment Completed: ☐ Yes ☐ No (Contact Provider)	Treatment Completed: ☐ Yes ☐ No (Contact Provider)
Name of Drug(s):	Name of Drug(s):	Name of Drug(s):
Started: Stopped: # Wks.:	Started: Stopped: # Wks.:	Started: Stopped: # Wks.:
Provider Name:	Provider Name:	Provider Name:
Signature: Phone: ()	Signature: Phone: ()	Signature: Phone: ()
Name: DOB:	Name: DOB:	Name: DOB:
TST: mm induration Date Read:	TST:: mm induration Date Read:	TST: mm induration Date Read:
IGRA: □ Pos □ Neg □ Indeterminate Date:	IGRA: □ Pos □ Neg □ Indeterminate Date:	IGRA: □ Pos □ Neg □ Indeterminate Date:
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Name of Drug(s):	Name of Drug(s):	Name of Drug(s):
Started: Stopped: # Wks.:	Started: Stopped: # Wks.:	Started: Stopped: # Wks.:
Provider Name:	Provider Name:	Provider Name:
Signature: Phone: ()	Signature: Phone: ()	Signature: Phone: ()
Name: DOB:	Name: DOB:	Name: DOB:
TST:: I Imm induration Date Read:	TST: I Imm induration Date Read:	TST: I Imm induration Date Read:
IGRA: ☐ Pos ☐ Neg ☐ Indeterminate Date:	IGRA: □ Pos □ Neg □ Indeterminate Date:	IGRA: □ Pos □ Neg □ Indeterminate Date:
Chest X-Ray: Date: □ Normal □ Abnormal (Stable)	Chest X-Ray: Date: □ Normal □ Abnormal (Stable)	Chest X-Ray: Date: □ Normal □ Abnormal (Stable)
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Provider Name:	Provider Name:	Provider Name:
Signature: Phone: ()	Signature: Phone: ()	Signature: Phone: ()

YOUR TRITEST AND TREATMENT RECORD

- Keep this card in your wallet at all times
- Show this card to the doctor, so you don't get tested and/or treated again
- Call your doctor if you have any signs or symptoms of TB disease for 2 or more weeks:
 - Cough

- Feeling weak and tired
- Chest pain
- Fever and chills
- Coughing up blood
- Night sweats
- Losing weight without trying

West Virginia Department of Health

WV TB Elimination Program 1-800-330-8126 TB-60 Oct 2024

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