Name: DOB: TST: I mm induration Date Read:	Name: DOB: TST: I mm induration Date Read:	Name: DOB: TST: I mm induration Date Read:
IGRA: Pos Neg Indeterminate Date: Chest X-Ray: Date: Normal Abnormal (Stable)	IGRA: Pos Neg Indeterminate Date: Chest X-Ray: Date: Image: An operation of the second	IGRA: □ Pos □ Neg □ Indeterminate Date: 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:
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Provider Name:	Provider Name:	Provider Name:
Signature: Phone: ()	Signature: Phone: ()	Signature: Phone: ()
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Provider Name:	Provider Name:	Provider Name:
Signature: Phone: ()	Signature: Phone: ()	Signature: Phone: ()

YOUR TB TEST 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:
- Couah - Feeling weak and tired
 - Fever and chills
- Chest pain - Coughing up blood - Night sweats
- Losing weight without trying

West Virginia Department of Health and Human Resources Division of Tuberculosis Elimination 1-800-330-8126 TB-60 (R-2012) www.dhhr.wv.gov/oeps/tuberculosis

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