



STATEMENT OF RESULTS OF TUBERCULOSIS SURVEILLANCE

NAME: _____ SEX: _____ AGE: _____
 DATE OF BIRTH: _____ DATE OF EXAMINATION: _____
 PLACE OF BIRTH: _____ PLACE OF EXAMINATION: _____
 OCCUPATION: _____

1. Tuberculin test result: _____
 2. Chest X-ray result: _____
 3. Sputum examination result: _____
 4. Tuberculin test result: _____
 5. Tuberculin test result: _____

6. Tuberculin test result: _____
 7. Tuberculin test result: _____

NO.	PT. NO.	DATE	EXAMINER	REMARKS
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
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17	17			
18	18			
19	19			
20	20			

STATE OF TEXAS

STATE OF TEXAS, DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH, DIVISION OF PREVENTIVE SERVICES
 TUBERCULOSIS SURVEILLANCE



2/2/2000