TUBERCULOSIS REGISTRY

For use of this form, see DA PAM 40-11; the proponent agency is OTSG.

1 .NAME *(Last, First, MI)*	1	2	3	4	5	6	7	8	9	10	11	12

2. DATE OF BIRTH *(YYYYMMDD)*	3. STATUS ☐ AD ☐ RET ☐ DEP	4.BRANCH ☐ ARMY ☐ NAVY ☐ MARINE ☐ AF ☐ OTHER *(Specify)*

5. SPONSOR	6. RANK	7. SSN	8. UNIT ADDRESS	9. DUTY PHONE

10. HOME ADDRESS *(Include Zip Code)*	11. EMAIL ADDRESS	12. HOME PHONE

13. ACTIVE CASE

ADMITTED ☐ YES ☐ NO	ADMITTED DATE *(YYYYMMDD)*	DISCHARGE DATE (YYYYMMDD)	*ATS CODE	CONTACTS CHECKED ☐ YES ☐ NO

14. CONTACT

☐ CLOSE ☐ CASUAL	CONTACT OF	DATE CONTACT TERMINATED *(YYYYMMDD)*

15. CONVERTER/REACTOR

SKIN TEST RESULTS			LAST NEGATIVE SKIN TEST		CONTACTS CHECKED
DATE *(YYYYMMDD)*	TYPE	SIZE	DATE *(YYYYMMDD)*	TYPE	☐ YES ☐ NO

16. DRUG REGIMEN

DATE STARTED *(YYYYMMDD)*	TYPE	DOSE	FREQUENCY	LENGTH OF THERAPY

17. REPORTED TO STATE/LOCAL HEALTH DEPARTMENT *(If yes, list name of State or Local Health Department and date reported.)*

☐ YES ☐ NO

18. X-RAY FINDINGS

DATE *(YYYYMMDD)*	TEST RESULTS	DATE *(YYYYMMDD)*	NOTES

19. RETURN VISIT ACTIONS *(Use pencil).*

**American Thoracic Society standard diagnostic and therapeutic code.*