



Zen Hospice Project

### DOCUMENTATION OF TB STATUS

NAME OF CLIENT: \_\_\_\_\_

You must provide documentation of at least one of the following:

**PPD (Mantoux) test**

Date placed: \_\_\_\_\_

Date read: \_\_\_\_\_

Results:

Negative       Positive

**Chest X-ray**

Date: \_\_\_\_\_

Results:

Negative       Positive

**IF PATIENT HAS ACTIVE PULMONARY TB**

Patient must have received continuous treatment for at least 2 weeks and show 3 consecutive negative AFB smears prior to admission.

Date treatment started \_\_\_\_\_

Dates of negative AFB's 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

X \_\_\_\_\_  
Signature of Health Care Provider (MD, PA, NP)

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
License#

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email