

ALASKA DEPARTMENT OF CORRECTIONS

Name: _____ D.O.B. _____ OBSCIS _____

Inmate Tuberculosis and PPD History

- Yes ___ No ___ 1. Have you ever been ill with tuberculosis? When? _____
- Yes ___ No ___ a. If so, did you ever take medication for it?
- Yes ___ No ___ b. Did you finish treatment?

- 2. When did you first have a positive PPD skin test? Date: _____

- Yes ___ No ___ 3. Have you ever taken medication for your positive PPD skin test?
- Yes ___ No ___ a. If so, When? _____ Where? _____
- Yes ___ No ___ b. Did you finish treatment? How long was treatment? _____
- Yes ___ No ___ c. Will you sign a Release of Information so we can obtain those records?

Notes: _____

Sign and Symptoms of Tuberculosis

Any Inmate presenting with a positive PPD and these signs or symptoms is to be placed in respiratory isolation. They are to stay in isolation until TB has been ruled out by the mid-level practitioner or physician. Determination as to tuberculosis status is made with sputums and chest x-rays.

- Yes ___ No ___ 1. Productive cough for more than two weeks?
- Yes ___ No ___ 2. Night sweats?
- Yes ___ No ___ 3. Recent unexplained weight loss?
- Yes ___ No ___ 4. Coughing up blood?
- Yes ___ No ___ 5. Unexplained fatigue?

High Risk Groups

Inmates that are in one or more of these groups will need to be monitored closely for signs and symptoms of Tuberculosis. Any high risk inmates with signs or symptoms of Tuberculosis are to be referred immediately to the mid-level practitioner or physician.

- Yes ___ No ___ 1. Diabetics
- Yes ___ No ___ 2. Prolonged treatment with Adrenocorticosteroids
- Yes ___ No ___ 3. Immunosuppressive therapy
- Yes ___ No ___ 4. End-stage renal disease
- Yes ___ No ___ 5. Major stomach or intestinal surgery
- Yes ___ No ___ 6. HIV positive
- Yes ___ No ___ 7. Silicosis
- Yes ___ No ___ 8. History of Cancer or Chemo-therapy

Screener Signature: _____

Date: _____