



Amador County Public Health Department

10877 Conductor Blvd., Ste. 400, Sutter Creek, CA 95685

Phone (209) 223-6407, Fax (209) 223-1562

cdnurse@amadorcounty.gov



TB DISCHARGE PLAN OF CARE (Active TB or TB Suspect)

Fax to Amador County Public Health as soon as a TB case is suspected, or at least 24 hours prior to release or transfer of a TB patient. Please attach medical records, labs, and imaging.

Patient Name: _____ DOB: _____ MRN: _____

Admission Date: _____ Physician: _____ Facility Name: _____

Discharge Date: _____ Facility Contact Person: _____ Phone: _____

Discharge Address: _____ Phone: _____

Type of facility released to: Home Board & Care Other(specify) _____

Patient Contact Information (provide name and phone): _____

Alternative Contact Information: _____

Diagnosis: Active TB Suspect TB Atypical Pulmonary Other _____

List other diagnosis patient has (comorbidities): _____

AFB Specimen(s): Sputum Other (specify) _____

If pulmonary TB, list dates of 3 consecutive negative AFB smears:

Date: _____

Date: _____

Date: _____

PPD date read (if done): _____ Results induration: _____ mm

Previous positive PPD (if yes put date): _____ IGRA testing date: _____

IGRA result: positive negative indeterminate not completed

Chest X-ray or CT Date: _____ Results: _____

Liver Function Test Date: _____ Results: _____

Medication	Dose	Start Date	Stop Date	Reason for d/c	# pills d/c with
INH					
Rifampin					
Ethambutol					
Pyrazinamide					
Pyridoxine					
Other:					
Other:					

Drug resistant: tests pending no yes (specify): _____

History of previous TB treatment: yes no



Amador County Public Health Department

10877 Conductor Blvd., Ste. 400, Sutter Creek, CA 95685

Phone (209) 223-6407, Fax (209) 223-1562

cdnurse@amadorcounty.gov



Number of people in household: _____

Any children 5 or younger?: yes no

Anyone immunocompromised in household: yes no

Does case have a physician: yes no

Physician name: _____

Physician address: _____

Appointment date: _____

Form completed by: _____

Phone: _____

Fax: _____

Date: _____

For completion by Amador County Public Health: In accordance with the California Health and Safety code, Section 121361, the discharge and treatment plan for this patient has been reviewed and approved.

Health Officer Signature: _____ **Date:** _____