

OKLAHOMA DEPARTMENT OF CORRECTIONS

Annual TB Summary Form

Employees and inmates, as well as individual institutions will each be identified on separate forms. Please indicate the population and location being reported on this form.

_____ Employees	_____ Inmates	_____ Facility	_____ County Jail	_____ Halfway house
-----------------	---------------	----------------	-------------------	---------------------

Date of testing: _____ Institution Name: _____ Form completed by: _____

Total number to evaluate at this facility: _____ Total number not evaluated: _____

Total number evaluated (Tuberculosis Questionnaires + skin tests interpreted) on this date: _____

TB SKIN TEST:	
Number Administered & Read:	
Number of skin tests = 5mm to < 10mm of induration on identified high-risk population:	
Number of skin tests ≥ 10mm of induration:	
Number with signs and/or symptoms:	

PAST POSITIVE QUESTIONNAIRE SCREENING	
Number completed:	
Number with signs and/or symptoms:	
Number of chest x-rays obtained:	

QUANTIFERON-TB GOLD (QFT)	
Number completed:	
Number of positive:	
Number of chest x-rays obtained:	

Number of Converters/QFT labs: _____

(Definition for data collection: Number of conversions to a positive skin test- any positive TST, excluding any positive TST that is part of the initial 2-step test done on reception, is a conversion and that individual is considered a converter....New PPD converter is someone who has had a negative skin test in the past and now has a positive skin test.)