

# 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
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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 = <b>5mm to &lt; 10mm</b> of induration on identified high-risk population:	
Number of skin tests <b>≥ 10mm</b> 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:** \_\_\_\_\_

*(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.)*