

LATENT TB INFECTION (LTBI) TREATMENT COMPLETION CARD

- Show this card to your medical provider(s) so they know about your past treatment for LTBI

OR

- Take a picture of this card and send it to your medical provider(s) so it can be added to your electronic medical record

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Name: _____
TST _____ mm induration _____ Date Read: _____
IGRA Pos. Neg. _____ Date: _____
LTBI treatment completed? Yes Date: _____ No
Drug(s): _____ Duration: _____
Clinic: _____
City, State: _____

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