THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of
Health and Social Services

DIVISION OF PUBLIC HEALTH
Section of Epidemiology

3601 C Street, Suite 540
Anchorage, Alaska 99503
Main: 907.269.8000
Fax: 907.562.7802

Date:

Name

Address

Dear

Congratulations on completing your treatment for active Tuberculosis (TB). A summary of your TB treatment is attached. Please save this letter in your personal health record as proof of your TB treatment completion.

You need to remember the following about your TB status:

- Your TB skin test will always be positive. **Do not take any more TB skin tests in the future.**
- If you need TB clearance for employment or school, ask for a TB symptom questionnaire, which asks questions about your current health status.
- You may have your health care provider or a local public health nurse give you a TB symptom questionnaire should you need one.
- There is a small risk that you might develop TB again. See your health care provider to make sure you do not have active TB if you develop any of these symptoms:
    - Cough that will not go away
    - Fever
    - Weight loss
    - Night sweats

If you have any questions about this letter, please call your local public health nurse at _____.

Sincerely,

_____PHN, _____ Public Health Center

Treatment Summary for Active TB

Name		DOB
Address		Phone
City	State	Zip

Start of Therapy Date ___/___/_____

End of Therapy Date ___/___/_____

Treatment Regimen

Medication	Start Date	Stop Date	Start Date	Stop Date
INH				
RIF				
PZA				
EMB				

Sputum Conversion

Date of first positive culture ___/___/_____ Date of first negative culture ___/___/_____

Susceptibilities Date of isolate ___/___/_____

INH___ RIF___ PZA___ EMB___ STREP___

Other_____ _____ _____

PPD Date ___/___/_____ Reading ____mm **IGRA** Date ___/___/_____ Result _____

CXR Date ___/___/_____ Result _____

CXR Date ___/___/_____ Result _____

CT Date ___/___/_____ Result _____

_____ ___/___/_____

Health Care Provider Date

_____ _____

Clinic Phone