



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

PHYSICIAN REPORT REQUESTING ADMISSION OF
TUBERCULOSIS PATIENT

Date Voluntary Court Ordered

Patient Name

Address

Race Ethnicity Place of Birth

Date of Birth Age Sex Is patient pregnant? Yes No

Occupation

Normal Weight Present Weight Loss of Weight (Last 6 Months)

Cough: Duration Hoarseness? Yes No Loss of Voice? Yes No

Sputum: Smear Culture Sensitivities

TB Medications (patient is presently on):

Other Diseases/Conditions:

Other Medications:

HIV Status: Known Unknown Tested? Yes No Offered? Yes No Refused? Yes No

Previous sanitarium treatment? Yes No When? Where?

Injected drug use within past year? Yes No Non-injected drug use within past year? Yes No

Excess alcohol use within past year? Yes No Homeless Within Past Year? Yes No

_____, M.D./ D.O. County _____

I do do not recommend the applicant for admission.

_____, MD TB Control Medical Director
Dominic Gaziano, MD

TB-112

Bureau for Public Health
Division of Surveillance and Disease Control
Tuberculosis Control Program
Room 125, 350 Capitol Street
Charleston, West Virginia 25301-3715
(304) 558-3669 or 1-800-330-8126

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