Positive PPD Referral Form

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First:</th>
<th>Mid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Apt. / Lot #</td>
<td>Phone:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
<td>Male</td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date PPD placed: ________________
Date PPD read: ________________
PPD Size (measure only induration, in millimeters) ____________ mm

IGRA Teat Result * Please Fax with Referral
If available, AST laboratory result ____________ units/L on ____________ date
If available, ALT laboratory result ____________ units/L on ____________ date
If available, attach CXR (Chest X-Ray) Result

TO REPORT: please copy this form & give to the patient to bring with them,
also *FAX a copy to the proper county: Van Buren FAX: 269.621.2725
                                Cass FAX 269.782.0121

If a Public Health Nurse needs to be contacted, please call:
Van Buren County: 269.621.3143 Extension 0, ask for the Public Health Nurse on duty
Cass County: 269.782.0064 Extension 2015

Note that completion of this form is mandatory for referral processing.