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### Missouri Statutes and Regulations Concerning Tuberculosis

Click on the link after the title of the statute to access the complete text from the *Revised Statutes of the State of Missouri* on the Missouri General Assembly's internet site.

#### Contagious Diseases Excluded from School (RSMo 167.191)

<http://www.moga.mo.gov/mostatutes/stathtml/16700001911.html>

#### Commitment and Hospitalization of Tuberculosis Patients – Rehabilitation-Head Injury – TB Testing

Definitions (RSMo 199.170 – 199.350)

<http://www.moga.mo.gov/mostatutes/stathtml/19900001701.html>

Local health agency may institute proceedings for commitment (RSMo 199.180)

<http://www.moga.mo.gov/mostatutes/stathtml/19900001801.HTML>

Patients not to be committed when (RSMo 199.190)

<http://www.moga.mo.gov/mostatutes/stathtml/19900001901.html>

Procedure in circuit court—duties of local prosecuting officers—costs (RSMo 199.210)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002001.html>

Rights of Patient, witnesses—order of course—transportation costs (RSMo 199.210)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002101.html>

Order appealable (RSMo 199.220)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002201.html>

Confinement on order, duration (RSMo 199.230)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002301.html>

Consent required for medical or surgical treatment (RSMo 199.240)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002401.html>

Facilities to be provided—costs, how paid (RSMo 199.250)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002501.html>

Apprehension and return of patient leaving rehabilitation center without discharge (RSMo 199.260)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002601.html>

Proceedings for release of patient (RSMo 199.270)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002701.html>

Tuberculosis Screening for Residents and Workers in Nursing Homes (RSMo 199.350)

<http://www.moga.mo.gov/mostatutes/stathtml/19900002901.html>

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### **Missouri Regulations Concerning Tuberculosis**

The Code of State Regulations, or rules, is available on the Missouri Secretary of State's web site in PDF format. Regulations are organized by title, division, chapter, and section. For example, 19 CSR 20-20.020 refers to Title 19, Division 20, Chapter 20, Section 020. The links that follow take the user to the appropriate division and chapter of the regulations. Scroll to the specific section number.

- 19 CSR 20-20.010 Definitions Relating to Communicable, Environmental and Occupational Diseases
- 19 CSR 20-20.020 Communicable, Environmental and Occupational Diseases
- 19 CSR 20-20.030 Exclusion from School and Readmission
- 19 CSR 20-20.040 Measure for the control of Communicable, Environmental and Occupational Diseases
- 19 CSR 20-20.050 Quarantine or Isolation Practices and Closing of Schools and Places of Public and Private Assembly
- 19 CSR 20-20.070 Duties of Local Health Departments
- 19 CSR 20-20.080 Duties of Laboratories
- 19 CSR 20-20.090 Contact with Communicable Diseases by First Responders or Emergency Medical Persons and Mortuary Personnel
- 19 CSR 20-20.100 Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities and State Correctional Centers

<http://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-20.pdf>

#### **Chapter 61--Licensing Rules for Family Day Care Homes**

- 19 CSR 30-61.010 Definitions
- 19 CSR 30-61.125 Medical Examination Reports

<http://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-61.pdf>

#### **Chapter 62—Licensing Rules for Group Day Care Homes and Child Day Care Centers**

- 19 CSR 30-62.010 Definitions
- 19CSR 30-62.122 Medical Examination Reports

<http://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-61.pdf>



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### Educational Materials

#### Ordering Educational Materials

Educational materials may be ordered through the Section for Disease Prevention, Bureau of Communicable Disease Control and Prevention. To place an order, call the Bureau at (573) 526-5832.

To order literature from the Department of Health and Senior Services warehouse, go to <http://health.mo.gov/warehouse/e-literature.html>.

#### CDC Educational Material and Internet Resources

The CDC has prepared a useful list of education resources. You can access it at:

<https://www.cdc.gov/pubs/CDCInfoOnDemand.aspx>

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### Medication Fact Sheet – Isoniazid (INH)

It is important to take this medication for the full time of treatment. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

**To store medication:**

- Keep out of the reach of children
- Store away from heat and direct light
- Don not store in the bathroom, near the kitchen sink, or in damp places. Heat or moisture may cause the medicine to break down

**How to take this medication:**

- Take on an empty stomach with a glass of water.
- The tablet may be crushed in applesauce
- Do not drink alcohol of any type, including wine or beer.
- Do not take antacids one hour before or after taking INH

**Tell your doctor, nurse or pharmacist if you take ANY other medication; especially medication for seizures.**

**Possible drug effects:**

Tiredness	Change in color of urine or stool
Weakness	Sore muscles
Fever	Tingling or numbness of fingers or toes
Loss of appetite	Vision changes
Nausea	Rash
Vomiting	Weight loss
Diarrhea	Yellow skin or eyes

The information on the action and possible side effects of this medication prescribed by the doctor has been explained to me and I understand. I will call the doctor or nurse if I have any questions or symptoms. If you experience any adverse effects from this medication, stop taking the medication immediately and notify your physician and/or your medical provider. Seek emergency help if you have any signs of an allergic reaction: hives, difficulty breathing, and swelling of the face, lips, tongue, or throat.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

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### What Should I Avoid While Taking Isoniazid?

Avoid alcohol while taking isoniazid. Alcohol will increase the risk of damage to the liver during treatment with this medication.

Use caution with the foods listed below. They can interact with isoniazid and cause a reaction that includes a severe headache, large pupils, neck stiffness, nausea, vomiting, diarrhea, flushing, sweating, itching, irregular heartbeats, and chest pain. A reaction will not necessarily occur, but eat these foods with caution until you know if you will react to them. Call your doctor immediately if you experience any of these symptoms.

Eat the following foods with caution:

- Cheeses, including American, Blue, Boursault, Brick, Brie, Camembert, Cheddar, Emmenthaler, Gruyere, Mozzarella, Parmesan, Romano, Roquefort, Stilton, and Swiss;
- Sour cream and yogurt;
- Beef or chicken liver, fish, meats prepared with tenderizer, bologna, pepperoni, salami, summer sausage, game meat, meat extracts, caviar, dried fish, herring, shrimp paste, and tuna;
- Avocados, bananas, figs raisins, and sauerkraut;
- Soy sauce, miso soup, bean curd, and fava beans;
- Yeast extracts;
- Ginseng;
- Chocolate;
- Caffeine (coffee, tea, cola, etc.); and
- Beer (alcoholic and nonalcoholic), red wine (especially Chianti), sherry, vermouth, and other distilled spirits

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### **Medication Fact Sheet – Rifampin (RIF)**

It is important to take this medication for the full time of treatment, even if you begin to feel better after a few weeks. It is important you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

**To store medication:**

- Keep out of reach of children
- Store away from heat and direct light
- Don not store in the bathroom, near the kitchen sink, or in damp places. Heat or moisture may cause the medicine to break down.

**How to take this medication:**

- Take on an empty stomach with a glass of water
- If stomach irritation occurs, take with food

This drug **will** turn your urine, stool, sputum, and tears **orange** and can stain contact lenses. Tell your doctor, nurse, or pharmacist if you are taking ANY medications, even drugs you can buy without a prescription. In particular tell them if you take birth control pills, Coumadin, warfarin, theophylline, methadone, Dilantin, digoxin, or medicine for HIV infection, seizures or heart problems.

**Possible drug effects:**

Tiredness	Rash
Itching	Stomach pain
Sore muscles	Fever
Vomiting	Weight loss
Diarrhea	Yellow skin or eyes
Chills	Bone or muscle pain
Loss of appetite	Nausea

If you experience any adverse effects from this medication, stop taking the medication immediately and notify your physician and/or your medical provider. Seek emergency help if you have any signs of an allergic reaction: hives, difficulty breathing, and swelling of the face, lips, tongue, or throat.

The possible side effects of this medication prescribed by the doctor, has been explained to me and I understand. I will call the doctor or nurse immediately if I have any questions or symptoms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

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### **Medication Fact Sheet – Pyrazinamide (PZA)**

It is important to take this medication for the full time of treatment, even if you begin to feel better after a few weeks. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

**To store medication:**

- Keep out of the reach of children
- Store away from heat and direct light
- Do not store in the bathroom, near the kitchen sink, or in damp places. Heat or moisture may cause the medicine to break down.

**How to take this medication:**

- It is okay to take PZA with food

Tell your doctor, nurse, or pharmacist if you are taking ANY medication, even drugs you can buy without a prescription. If you are diabetic, check with your doctor before changing your diet or dose of medication for diabetes. PZA may cause false positive results with urine ketone test.

**Possible drug effects:**

Tiredness	Weakness
Fever	Nausea
Vomiting	Weight loss
Yellow skin or eyes	Change on color of urine or stool
Loss of appetite	Joint pains, especially in the big toe

If you experience any adverse effects from this medication, stop taking the medication immediately and notify your physician and/or your medical provider. Seek emergency help if you have any signs of an allergic reaction: hives, difficulty breathing, and swelling of the face, lips, tongue, or throat.

The possible side effects of this medication prescribed by the doctor, has been explained to me and I understand. I will call the doctor or nurse immediately if I have any questions or symptoms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

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### Medication Fact Sheet – Ethambutol (EMB)

It is important to take this medication for the full time of treatment, even if you begin to feel better after a few weeks. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

**To store medication:**

- Keep out of the reach of children
- Store away from heat and direct light
- Do not store in the bathroom, near the kitchen sink, or in damp places. Heat or moisture may cause the medicine to break down.

**How to take this medication:**

- It is okay to take Ethambutol with food

**Tell your doctor, nurse, or pharmacist if you take ANY other medication; especially medication for seizures.**

**Possible drug effects:**

Weakness	Stomach pain
Vision changes	Nausea
Eye pain	Vomiting
Nervousness	Yellow skin or eyes
Dizziness	Change in color of urine or stool
Headache	Light headedness
Loss of appetite	Joint pains
Weight loss	

If you experience any adverse effects from this medication, stop taking the medication immediately and notify your physician and/or your medical provider. Seek emergency help if you have any signs of an allergic reaction: hives, difficulty breathing, and swelling of the face, lips, tongue, or throat.

The possible side effects of this medication prescribed by the doctor, has been explained to me and I understand. I will call the doctor or nurse immediately if I have any questions or symptoms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

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### Medication Fact Sheet – Pyridoxine (B6)

**Other NAMES:** Vitamin B6

It is important to take this medication for the full time of treatment, even if you begin to feel better after a few weeks. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

**To store medication:**

- Keep out of reach of children
- Store away from heat and direct light
- Store in a cool (15 – 30°C) dry place in a tightly-closed container

**How to take this medication:**

- Take with a glass of water
- The tablet may be crushed in applesauce
- Some medicines or medical conditions may interact or decrease the effectiveness of some drugs with this medicine
- Do not take large doses of vitamins (mega doses or megavitamin therapy) while taking this medicine
- If stomach irritation occurs take with food

**Tell your doctor, nurse or pharmacist if you take ANY other medication; especially medication for Parkinson’s disease, seizures and or arthritis.**

**Possible side effects of medication:**

Nausea	Itching
Stomach Upset	Tingling or numbness of the skin
Headache	Swelling
Drowsiness	Dizziness
Rash	Trouble breathing

If you experience any adverse effects from this medication, stop taking the medication immediately and notify your physician and/or your medical provider. Seek emergency help if you have any signs of an allergic reaction: hives, difficulty breathing, and swelling of the face, lips, tongue, or throat.

The possible side effects of this medication prescribed by the doctor, has been explained to me and I understand. I will call the doctor or nurse immediately if I have any questions or symptoms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

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### **Medication Fact Sheet – Rifapentine (RPT)**

It is important to take this medication for the full time of treatment, even if you begin to feel better after a few weeks. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

**To store medication:**

- Keep out of the reach of children
- Store away from heat and direct light
- Don not store in the bathroom, near the kitchen sink, or in damp places. Heat or moisture may cause the medicine to break down

**How to take this medication:**

- Take on an empty stomach with a glass of water
- If stomach irritation occurs, take with food

This drug **will** turn your urine, stool, sputum, and tears **orange** and can stain contact lenses and dentures. Tell your doctor, nurse, or pharmacist if you are taking ANY medications, even drugs you can buy without a prescription. In particular, tell them if you take birth control pills, Coumadin, Warfarin, Theophylline, Methadone, Dilantin, Digoxin, or medicine for HIV, seizures, or heart conditions, and or arthritis. Before taking Rifapentine, tell your doctor if you have porphyria.

**Possible side effects of medication:**

Tiredness	Rash
Itching	Stomach pain
Sore muscles	Fever
Vomiting	Weight loss
Diarrhea	Yellow skin r eyes
Chills	Bone or muscle pain
Loss of appetite	Nausea
Pale Skin	Easy Bleeding or Bruising

If you experience any adverse effects from this medication, stop taking the medication immediately and notify your physician and/or your medical provider. Seek emergency help if you have any signs of an allergic reaction: hives, difficulty breathing, and swelling of the face, lips, tongue, or throat.

The possible side effects of this medication prescribed by the doctor, has been explained to me and I understand. I will call the doctor or nurse immediately if I have any questions or symptoms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

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### Sheet – Levofloxacin (LFX)

It is important to take this medication for the full time of treatment. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

**To store medication:**

- Keep out of the reach of children
- Store at room temperature
- Do not store in the bathroom, near the kitchen sink or in damp places

**How to take this medication:**

- Do not take milk-based products, antacids (especially aluminum containing), mineral supplements such as iron or magnesium, or multivitamins within 2 hours of this medication.
- Avoid caffeinated foods and beverages
- May take with food
- Drink plenty of beverages
- May cause sun sensitivity; use sun screen

**Tell your doctor if you have any renal diseases.**

**Possible drug effects:**

- Pain, swelling, or tearing of the tendon (such as the back of your ankle, elbow), muscle or joint pain
- Rashes or hives
- Bruising or blistering
- Trouble breathing or tightness in your chest
- Diarrhea
- Yellow skin or eyes
- Anxiety, confusion, or dizziness

If you experience any adverse effects from this medication, stop taking the medication immediately and notify your physician and/or your medical provider. Seek emergency help if you have any signs of an allergic reaction: hives, difficulty breathing, and swelling of the face, lips, tongue, or throat.

The possible side effects of this medication prescribed by the doctor, has been explained to me and I understand. I will call the doctor or nurse immediately if I have any questions or symptoms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

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### The Curry TB Center

For a complete list of TB Medication Fact Sheets, please visit The Curry TB Center:

<https://www.currytbcenter.ucsf.edu/products/drug-resistant-tuberculosis-survival-guide-clinicians-3rd-edition/chapter-5-medication-fact>

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## TUBERCULOSIS ELIMINATION FACT SHEET

### Reporting

Active tuberculosis disease or disease suspect – Report within 24 hours to your local public health agency or to the Missouri Department of Health and Senior Services at (573) 751-6113 or (866) 628-9891. Tuberculosis infection/non-tuberculous bacterium (NTMs) – Report within three days to your local public health agency or the Missouri Department of Health and Senior Services at (573) 751-6113 or (800) 392-0272.

List of Reportable Conditions:

<https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/reportablediseaseslist2.pdf>

**PROMPT REPORTING TRIGGERS THE FOLLOWING SERVICES AS NEEDED AT NO COST TO THE PATIENT:**

### Medications

Anti-tuberculous medications including Isoniazid, Rifampin, Pyrazinamide, Ethambutol, Vitamin B6 and other antibiotics used to treat active TB disease, including second-line medications, may also be available as funding allows.

### Lab Services

The state tuberculosis laboratory is in Jefferson City, Missouri and is one of the best TB labs in the country. Diagnostic and routine laboratory services may be available through the patient’s local public health agency, (e.g. liver enzymes, PPDs).

### Contact Investigations and Case Management

Local public health agencies have staff trained to conduct contact investigations of communicable disease, including tuberculosis. A report of a suspect TB case will trigger a contact investigation and 3-month follow-up.

Tuberculosis disease and infection cases are managed through local public health agencies. Management includes a monthly clinical evaluation, patient education, directly observed therapy (DOT is the standard of care for active disease), liver enzymes (LFT) and sputum sampling as recommended per CDC.

### Consultation

The Tuberculosis Elimination Program employs staff that oversees case management of all active disease cases and suspects in Missouri. They are current on tuberculosis prevention, treatment and control and are available for consultation as needed. Medical consultation is available through the TB Elimination Program nurse.

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### Other Services

**Diagnostic Services Program** pays for office visits and chest x-rays for those TB infection and disease patients who have no health insurance or are underinsured.

**Incentive Program** helps ensure compliance with treatment orders and helps ensure treatment completion. Incentives include expenses such as cab fare or bus tokens. Incentive funds are available through your local public health agency.

**Texas Center for Infectious Disease (TCID)** – Texas Center for Infectious Disease maintains a state-of-the-art care and isolation of tuberculosis patients. Texas Center for Infectious Disease is located in San Antonio, Texas. This facility only receives those TB patients that are most difficult to treat or are non-compliant with their treatment. TCID accepts patients by a court order through a local public health agency (see 7.0 Court Force Handbook). TCID does not take patients on a voluntary basis. The state TB program must be notified immediately, if the LPHA is considering a court order for TCID.

**Resources** – the Tuberculosis Elimination Program houses a library with the latest treatment information for tuberculosis and other mycobacterial diseases. CDC, ALA, American Thoracic Society and other publications, videotapes and guidelines regarding the treatment of TB disease and infection are available upon request [Material Available from the DHSS Warehouse | Health & Senior Services](#)

We view TB Elimination as a team approach. One person cannot do it alone, but one person can make a difference. We need your help if we are to reach our goal of eliminating TB in Missouri.

<p><b>TUBERCULOSIS ELIMINATION PROGRAM</b></p> <p><b>PHONE: (573) 751-6113</b></p> <p><b>OR</b></p> <p><b>(800) 392-0272</b></p> <p><b>FAX: (573) 526-0234</b></p>
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### Tuberculosis Forms and Documentation

The following forms can be found in the Missouri Department of Health and Senior Services Tuberculosis Case Management Manual Section Appendices/"Sample Forms"

The TB Case Management manual can be found at:

<http://health.mo.gov/living/healthcondiseases/communicable/tuberculosis/tbmanual/index.php>

**Required Forms:**

**LTBI:**

- Tuberculin Testing Record ([TBC-4](#)) preferably or Disease Case Report ([CD-1](#)). TB Infection is reportable to the TB Elimination Program, so this should be faxed to the State TB nurse, regardless where the patient is receiving their medications.
- [TB Signs and Symptoms Checklist](#) (Review with the patient). If the patient is having any signs or symptoms of tuberculosis collect sputum. (See the sputum collection instruction and algorithm in Section 4, TB Disease). Do not start patient on treatment for LTBI until all cultures (not smears) are negative.
- LTBI Medication Authorization ([TBC-9](#)). This completed form should be faxed to the State TB nurse for patients that qualify for obtaining medications thru the TB Elimination Program. A copy of the completed TBC-4, current CXR/CT chest report, and a copy of the prescriptions need to be faxed with the completed LTBI Medication Authorization form to the State TB nurse.
- INH/Rifapentine – 12 dose/3HP ([TBC-7](#)). This completed form should be faxed to the State TB nurse for patients that qualify for obtaining medications thru the TB Elimination Program. A copy of the completed TBC-4, current CXR/CT chest report, and a copy of the prescriptions need to be faxed with the completed LTBI Medication Authorization form to the State TB Nurse. This regimen must be given by Directly Observed Therapy (DOT). The LPHA nurse must fax a copy of the completed 3 HP Regimen Form ([TBC-7](#)) to the State TB Nurse weekly. If the patient declines treatment of LTBI, complete the Decline Treatment of LTBI document ([TBC-2](#)) and have the patient sign. Fax a copy of the TBC-2 and TBC-4 to the TB Elimination Program to be entered into WebSurv if the LPHA is not entering the information.

**TB Disease:**

- [CD-1](#). Notify the State TB nurse and fax a copy of the completed form as soon as you have been notified.
- [TB Signs and Symptoms Checklist](#) (Review with the patient).
- TB History ([TBC-10](#)), complete the PDF form including the patient's current weight and fax the completed form to the State TB Nurse as soon as the patient interview has been completed (interview the patient within 3 business days).

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- Tuberculosis (TB) [Patient Responsibilities Notification](#) (located in the TB Case Management Manual, 7.0 Court Force Handbook <http://health.mo.gov/living/healthcondiseases/communicable/tuberculosis/tbmanual/index.php>). The LPHA nurse should go over this form with the patient and the patient should sign and date it, along with the LPHA nurse witnessing the patient's signature. Give a copy of the signed form to the patient and keep the original in the patient's chart.
- TB Worksheet for Contacts of Newly Diagnosed Cases ([TBC-13](#)). Fax the completed form to the TB Elimination Program at the beginning of the contact investigation and at completion, as well as when there are new contacts added to the form.
- TB Medication Request Form ([TBC-8](#)). This must be faxed along with a copy of the prescriptions to the state contract pharmacy. (Verify with the State TB Nurse that the prescriptions are correct prior to faxing the medication request to the pharmacy).
- TB Medication Record ([TBC-16](#)). This must be faxed at the end of each completed month of medication to the State TB Nurse.
- Cohort Presentation ([MO 580-2826](#)) Save a copy of this PDF fillable form and begin filling it out as soon as you receive notification of a case. The form can be filled in as the case progresses through treatment to completion. The cohort is done bi-annually. You will receive a letter from the TB Elimination Program if you have a case to be cohorted. The completed form will need to be faxed to (573) 526-0234 upon notification that the case will be cohorted.

**Required Documentation:**

- CXR/CT scan report – fax to the State TB nurse
- Lab results – fax a copy of all labs, such as sputum smears/cultures, Liver function results (LFT), TST/IGRA (T Spot or Quantiferon Gold); biopsy report, etc. to the State TB Nurse
- Copy of Prescriptions (TB medications) must be faxed to the State TB Nurse. Resubmit if there are any medication changes.
- Copy of the History/Physical, emergency room note, Pulmonology or Infectious Disease Consult note, if patient was hospitalized or seen by a physician. Fax a copy to the State TB nurse.

The above documentation must be faxed to your State TB Elimination Program nurse.

Traci Hadley: (573) 526-0234 for regions A, D, E, G, H

Bev Myers: (573) 526-0234 for regions B, C, F, I

**Additional Forms (keep in patient's record):**

- [TBC-8](#) (TB Medication Request Form) - If patient has private insurance, Medicaid or Medicare, please complete the insurance portion on the form.

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- [TBC-DSP](#): Only completed if patient has no insurance or is underinsured. Please complete and fax to DSP Manager at (573) 526-0234. Liver Function Tests (LFTs) must be approved by your State TB elimination program nurse prior to testing. Please contact your State TB elimination program nurse for approval of LFTs for any other medical issues.
- [Checklist for Active Tuberculosis](#) (very helpful when following an active TB case)  
Progress Notes  
Tuberculosis Signs and Symptoms Checklist (All LTBI and TB Disease cases need to be assessed for signs and symptoms)

**Helpful TB web addresses:**

- Centers for Disease Control and Prevention/Tuberculosis  
<http://www.cdc.gov/tb/>
- Centers for Disease Control and Prevention/5<sup>th</sup> edition of the Core Curriculum on Tuberculosis: What the Clinician Should Know  
[https://www.cdc.gov/tb/education/corecurr/pdf/corecurr\\_all.pdf](https://www.cdc.gov/tb/education/corecurr/pdf/corecurr_all.pdf)
- MMWR: Treatment of Tuberculosis, June 20, 2003/Vol. 52/No. RR-11  
<http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf>

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Appendix: 3.02 Urine Chart

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# URINE COLOR CHART



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### Checklist for Latent TB Infection Cases

#### INITIAL WORKUP:

	YES	NO	NOT APPLICABLE
Release of information signed			
Verbal/Written educational material given in client's primary language, if applicable			
Chest x-ray results obtained			
TB signs/symptoms checklist reviewed			
Liver function tests results obtained, if indicated			
Prescriptions obtained			
LTBI medication authorization completed and faxed, along with the prescriptions, CXR/CT report and TBC-4 to state TB nurse for approval (if applicable).			
Fax prescriptions and LTBI medication authorization to the state contracted pharmacy.			
Front side TBC-4 completed and faxed to DHSS TB Program and entered into WebSurv			

#### DURING TREATMENT:

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
Medication dispensed									
TBC-4 Checklist completed									
LFT if indicated									
Entered visit in WebSurv Encounter page									

#### COMPLETION OF TREATMENT:

	YES	NO
TBC-4 completed (front and back)		
LTBI Treatment Completion Letter to client		
TBC-4 (front and back) sent to DHSS TB Program if not entered in Websurv		



### Tuberculosis Signs and Symptoms Checklist

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

- 1. Have you ever had a positive skin or blood test for TB? Yes No  
 If yes have you received treatment? Yes No  
 When? \_\_\_\_\_  
 Is there written documentation? Yes No
- 2. Do you smoke? Yes No
- 3. Do you have a cough? Yes No
- 4. Do you cough up anything? Yes No
- 5. Do you cough up blood? Yes No
- 6. Have you lost weight? Yes No
- 7. Has your appetite decreased? Yes No
- 8. Do you have fever or chills? Yes No
- 9. Do you have night sweats? Yes No
- 10. Do you feel unusually tired or weak? Yes No
- 11. Do you have chest pains? Yes No
- 12. Have you been in close contact with someone who has TB? Yes No
- 13. Have you taken prednisone or steroids recently? Yes No
- 14. Are you taking any medications for arthritis? Yes No
- 15. Have you recently been treated for cancer? Yes No
- 16. Do you drink alcohol? Yes No
- 17. Are you pregnant? Yes No
- 18. Are you foreign born? Yes No  
 If so, what country were you born in? \_\_\_\_\_
- 19. How long have you lived in the United States? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Appendix: 3.05 Checklist for Active TB Disease

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**Checklist for Active Disease Cases**

<b>INITIAL WORKUP</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Notes</b>		
<a href="#">CD-1</a> Completed						
Conduct patient interview, within three days, wearing an N95 mask						
Complete TB History ( <a href="#">TBC-10</a> ) PDF fillable form						
CD-1 & TB History Form faxed/secure email to state TB nurse						
Isolate per the CDC recommendations ( <a href="#">CDC Core Curriculum on Tuberculosis-Infection Control, Chapter 7 Infection Control, page 192, Table 7.2</a> )						
Contact/source case investigation initiated using the Contact Worksheet ( <a href="#">TBC-13</a> )						
Patient education provided on isolation procedures as needed, in client's primary language and documented						
Admission note completed						
Sputum sent to the State Public Health Laboratory for smear culture & drug susceptibility (SPHL must receive within 72 hours of collection)						
Diagnostic services arranged, if needed						
HIV testing completed and results entered into WebSurv or faxed to State TB Nurse						
Baseline eye and color vision exam; LFT if applicable						
Prescriptions obtained and faxed to State Contract Pharmacy, along with the TB Medication Request ( <a href="#">TBC-8</a> )						
DOT initiated using the TB Medication Record ( <a href="#">TBC-16</a> )						
Contact Worksheet ( <a href="#">TBC-13</a> ) faxed to state TB Epidemiologist						
<a href="#">TB Cohort Presentation Form</a> started						
<b>DURING TREATMENT:</b>	<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>
Assess & document on <a href="#">TBC-1</a>						
LFT, if indicated						
DOT (# of doses this month)						
Sputum submitted						
TB Medication Record ( <a href="#">TBC-16</a> ) sent to state TB nurse monthly						
<b>COMPLETION OF TREATMENT:</b>	<b>YES</b>	<b>NO</b>	<b>Notes</b>			
Completion of therapy documented (including length of treatment and # of doses received)						
<b>COMPLETION LETTER TO CLIENT</b>						
State TB nurse notified						

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CLASS	TYPE	CLASSIFICATION
0	<ul style="list-style-type: none"> <li>No TB Exposure</li> <li>Not Infected</li> </ul>	<ul style="list-style-type: none"> <li>No history of exposure</li> <li>Negative reaction to TB skin test</li> </ul>
1	<ul style="list-style-type: none"> <li>TB Exposure</li> <li>No evidence of infection</li> </ul>	<ul style="list-style-type: none"> <li>History of exposure</li> <li>Negative reaction to TB skin test</li> </ul>
2	<ul style="list-style-type: none"> <li>TB Infection</li> <li>No Disease</li> </ul>	<ul style="list-style-type: none"> <li>Positive reaction to TB skin test</li> <li>Negative bacteriological studies (if done)</li> <li>No clinical, bacteriological, or radiographic evidence of active TB</li> </ul>
3	<ul style="list-style-type: none"> <li>TB, clinically active</li> </ul>	<ul style="list-style-type: none"> <li>M. tuberculosis cultured (if done)</li> <li>Clinical, bacteriological, or radiographic evidence of TB</li> </ul>
4	<ul style="list-style-type: none"> <li>TB</li> </ul>	<ul style="list-style-type: none"> <li>History of episode(s) of TB OR</li> <li>Abnormal but stable radiographic findings</li> <li>Positive reaction to TB skin test</li> <li>Negative bacteriological studies (if done) AND</li> <li>No clinical radiographic evidence of current disease</li> </ul>
5	TB Suspected	<ul style="list-style-type: none"> <li>Diagnosis pending</li> </ul>
Comments: <ul style="list-style-type: none"> <li>CDC counts clinical cases of tuberculosis as a case if the criteria are met.</li> </ul>		

**Case/Contact Follow up and Control Measures:**

- A person suspected of having TB disease (pulmonary or extra-pulmonary) should be isolated either in their home or in the hospital until they have met the following CDC criteria:
  - Compliant, on an adequate treatment regimen for two weeks or longer
  - Clinical symptoms are improved
  - and three consecutive negative AFB sputum smears



**ADAIR COUNTY**

**ANDREW COUNTY**

**ATCHISON COUNTY**

**AUDRAIN COUNTY**

**BARRY COUNTY**

**Cox Monett Hospital**  
801 N. Lincoln Avenue  
Monett, Mo 65708  
Phone: (417) 354-1176  
 X-Ray  Pediatrics

**BARTON COUNTY**

**BATES COUNTY**

**BENTON COUNTY**

**Katy Trail Community Health**  
17571 N. Dam Access Rd  
Warsaw, MO  
Phone: (877) 733-5824  
 Pediatrics

**BOLLINGER COUNTY**

**Cross Trails Medical Center**  
109 Hwy 51 North  
Marble Hill, MO 63764  
Phone: (573) 238-2725  
 X-Ray  Pediatrics

**BOONE COUNTY**

**Columbia/Boone County Dept. of  
Health and Human Services**  
1005 W. Worley St  
Columbia, MO 65203  
Phone (573) 874-7356  
 Pediatrics  X-Ray

**BUCHANAN COUNTY**

**Buchanan County Social  
Welfare Board**  
904 S. 10<sup>th</sup> St.  
St. Joseph, MO 64503  
Phone: (816) 233-5188

**BUTLER COUNTY**

**Missouri Highlands Medical Clinic**  
225 Physicians Park Dr., Suite 303  
Poplar Bluff, MO 63901  
Phone: (573) 785-6536  
 Pediatrics

**CALDWELL COUNTY**

**CALLAWAY COUNTY**

**Community Health Center of  
Central Missouri**  
561 Commons Drive  
Fulton, MO 65251  
Phone: (573) 632-2777  
Fax: (573) 632-0248  
 Pediatrics

**CARTER COUNTY**

**Big Springs Medical Clinic**  
405 Main St.  
Van Buren, MO 63965  
Phone: (573) 663-2313  
 X-Ray  Pediatrics

**CAMDEN COUNTY**

**CAPE GIRARDEAU COUNTY**

**Cross Trails Medical Center**  
408 S. Broadview St  
Gape Girardeau, MO 63703  
Phone: (573) 332-0808  
 Pediatrics



**CAPE GIRARDEAU COUNTY CONT.**

**Cape Girardeau County  
Public Health Center**  
1121 Linden Street  
Cape Girardeau, MO 63702  
Phone: (573) 335-7846  
 Pediatrics

**CARROLL COUNTY**

**CASS COUNTY**

**CEDAR COUNTY**

**Cedar County Memorial Hospital**  
1401 S. Park St  
El Dorado Springs, MO 64744  
Phone: (417) 876-2511  
 X-Ray  Pediatrics

**Cedar County Memorial Hospital  
Medical Mall Clinic**  
1317 S. Hwy 32  
El Dorado Springs, MO 64744  
(417) 876-3333  
 Pediatrics

**CHARITON COUNTY**

**CHRISTIAN COUNTY**  
**OCH Sparta Clinic**  
155 Village Dr.  
Sparta, MO 65753  
Phone: (417) 634-4203  
 Pediatrics

**CLAY COUNTY**

**CLARK COUNTY**

**CLINTON COUNTY**

**COLE COUNTY**

**Community Health Center of  
Central Missouri**  
1511 Christy Drive  
Jefferson City, MO 65101  
Phone: (573) 632-2777  
 Pediatrics

**Advanced Radiology of Jefferson City**  
3218 W. Edgewood  
Jefferson City, MO 65109  
Phone: (573) 635-6262  
 Pediatrics  X-Ray

**Capital Region Physicians  
(Internal Medicine Clinic)**  
125 Madison Street  
Jefferson City, MO 65101  
Phone: (573) 634-2620  
 X-Ray

**COOPER COUNTY**

**CRAWFORD COUNTY**

**DADE COUNTY**

**DALLAS COUNTY**

**DAVIES COUNTY**

**DEKALB COUNTY**

**DENT COUNTY**

**DOUGLAS COUNTY**

**DUNKLIN COUNTY**

**FRANKLIN COUNTY**

**GASCONADE COUNTY**

**GENTRY COUNTY**



**GREENE COUNTY**

**OCH Evergreen Clinic**

1540 E. Evergreen  
Springfield, MO 65803  
Phone: (417) 823-2900  
 Pediatrics  X-Ray

**GRUNDY COUNTY**

**HARRISON COUNTY**

**HENRY COUNTY**

**HICKORY COUNTY**

**HOLT COUNTY**

**HOWELL COUNTY**

**Westwood Rural Health Clinic**

2642 State Route 76  
Willow Springs, MO 65793  
Phone: (417) 469-5124  
 Pediatrics

**OMC Family Medicine and Pediatrics**

312 North Kentucky Avenue  
West Plains, MO 65775  
Phone: (417) 257-7076  
 Pediatrics

**OMC Mountain View Clinic**

220 North Elm Street  
Mountain View, MO 65548  
Phone: (417) 934-2273  
 Pediatrics

**OMC Urgent Care Clinic**

181 North Kentucky  
Avenue, Suite 100  
West Plains, MO 65775  
Phone: (417) 257-5911  
 Pediatrics  X-Ray

**HOWELL COUNTY CONT.**

**OMC Willow Springs Clinic**

201 West High Street, Suite 2  
Willow Springs, MO 65793  
Phone: (417) 252-6994  
 Pediatrics

**Ozarks Medical Center**

1100 Kentucky Ave  
West Plains, MO 65775  
Phone: (417) 256-9111  
 Pediatrics  X-Ray

**IRON COUNTY**

**JACKSON COUNTY**

**Truman Medical Center – Lakewood**

7900 Lee's Summit Road  
Kansas City, MO 64139  
Phone: (816) 404-8015  
 Pediatrics  X-ray

**JASPER COUNTY**

**Jasper County Health Department**

105 Lincoln St.  
Carthage, MO 64836  
Phone: (417) 358-3111  
 Pediatric

**OCH Carthage Clinic**

327 E Airport Dr.  
Carthage, MO 64836  
Phone: (417) 237-0604  
 Pediatrics

**JEFFERSON COUNTY**

**Jefferson County Health Department**

405 Main Street, PO Box 437  
Hillsboro, MO 63050  
Phone: (636) 797-3737

**JOHNSON COUNTY**

**KNOX COUNTY**



**LACLEDE COUNTY**

**LAFAYETTE COUNTY**

**LAWRENCE COUNTY**

**Mt. Vernon Clinic**

1011 S. East St.

Mt. Vernon, MO 65712

Phone: (417) 466-7191

Pediatric

**OCH Lawrence County Clinic**

108 S. Hickory

Mt. Vernon, MO 65712

Phone: (417) 466-4110

Pediatrics

**LEWIS COUNTY**

**LINCOLN COUNTY**

**LINN COUNTY**

**LIVINGSTON COUNTY**

**MADISON COUNTY**

**MARIES COUNTY**

**MARION COUNTY**

**MCDONALD COUNTY**

**OCH Anderson Clinic**

*Ozarks Community Hospital*

104 E. Main Street

Anderson, MO 64831

Phone: (417) 845-6984

Pediatrics

**MCDONALD COUNTY CONT.**

**OCH Goodman Clinic**

*Ozarks Community Hospital*

135 Roy Hill Blvd

Goodman, MO 64843

Phone: (417) 364-8300

Pediatrics

**OCH Pineville Clinic**

*Ozarks Community Hospital*

5265 S. Business Hwy 71, Suite 71

Pineville, MO 64856

Phone: (417) 223-4290

Pediatrics

**OCH Southwest Clinic**

*Ozarks Community Hospital*

109 N. Broadway

Southwest City, MO 64863

Phone: (417) 762-3287

Pediatrics

**OCH McDonald County Clinic**

*Ozarks Community Hospital*

125 Main St.

Noel, MO 64854

Phone: (417) 475-6151

Pediatrics

**MERCER COUNTY**

**MILLER COUNTY**

**MISSISSIPPI COUNTY**

**MONITEAU COUNTY**

**Community Health Center of**

**Central Missouri**

104 N. Gerhart Rd

California, MO 65018

Phone: (573) 632-2777

Pediatrics



**MONROE COUNTY**

**MONTGOMERY COUNTY**

**MORGAN COUNTY**

**Prairie Hills Community Health Clinic**

*Katy Trail Community Health*

1109 Clay

Versailles, MO 65084

Phone: (573) 378-2351

Pediatrics

**NODAWAY COUNTY**

**NEW MADRID COUNTY**

**NEWTON COUNTY**

**OCH Newton County Clinic**

1355 Rocketdyne Road

Neosho, MO 64850

Phone: (417) 451-7425

Pediatrics

**OREGON COUNTY**

**OMC Alton Clinic**

100 Medical Drive

Alton, MO 65606

Phone: (417) 778-7227

Pediatrics  X-Ray

**OMC Thayer Clinic**

1375 Nettleton Avenue

Thayer, MO 65791

Phone: (417) 264-7136

Pediatrics  X-Ray

**OSAGE COUNTY**

**Community Health Center of**

**Central Missouri**

1016 E. Main St

Linn, MO 65051

Phone: (573) 632-2777

Pediatrics

**OZARK COUNTY**

**OMC Gainsville Medical Clinic**

37 Medical Drive

Gainsville, MO 65655

Phone: (417) 679-4613

Pediatrics  X-Ray

**PEMISCOT COUNTY**

**PERRY COUNTY**

**Cross Trails Medical Center**

1314 Brenda Ave

Perryville, MO 63775

Phone: (573) 517-0420

**PETTIS COUNTY**

**Katy Trail Community Health**

821 Westwood

Sedalia, MO 65301

Phone: (660) 826-4774

Pediatrics

**PHELPS COUNTY**

**Rolla Family Clinic**

1060 S. Bishop Ave

Rolla, MO 65401

Phone: (573) 426-5900

X-Ray  Pediatrics >6 mos. old

**Rolla Urgent Care, LLC**

1060 S. Bishop Ave

Rolla, MO 65401

Phone (573) 426-5900

X-Ray  Pediatrics >6 mos. old



**PIKE COUNTY**

**PLATTE COUNTY**

**Platte County Health Department**

212 Marshall Road  
Platte City, MO 64079  
Phone: (816) 858-2412  
 Pediatric

**POLK COUNTY**

**Citizens Memorial Hospital**

1500 N. Oakland Avenue  
Bolivar, MO 65613  
Phone: (417) 326-6000  
 Pediatric  X-ray

**Polk County Health Center**

1317 W. Broadway  
Bolivar, MO 65613  
Phone (417) 326-7250

**PULASKI COUNTY**

**PUTNAM COUNTY**

**RALLS COUNTY**

**RANDOLPH COUNTY**

**RAY COUNTY**

**REYNOLDS COUNTY**

**Ellington Family Clinic**

*Missouri Highlands Health Care*  
61 Hwy Y  
Ellington, MO 63638  
Phone: (573) 663-2525  
 X-Ray  Pediatrics

**RIPLEY COUNTY**

**Naylor Medical Clinic**

220 E. Broad St.  
Naylor, MO 63953  
Phone: (573) 399-2311  
 X-Ray  Pediatrics

**Doniphan Family Clinic**

109 Leroux Drive  
Doniphan, MO 63935  
Phone: (573) 996-2136  
 Pediatric  X-rays

**SALINE COUNTY**

**Saline County Health Department**

1825 S. Atchison Avenue  
Marshall, MO 65340  
Phone: (660) 886-3434  
 Pediatrics

**Katy Trail Community Health**

1825 Atchison Avenue  
Marshall, MO 65340  
Phone: (877) 733-5824  
 Pediatrics

**SCHUYLER COUNTY**

**SCOTLAND COUNTY**

**SCOTT COUNTY**

**SHANNON COUNTY**

**Shannon County Family Clinic**

*Missouri Highlands Health Care*  
1003 S. Main St.  
Eminence, MO 65466  
Phone: (573) 226-5505  
 X-Ray  Pediatrics

**OMC Winona Clinic**

9104 State Highway 19  
Winona, MO 65588  
Phone: (573) 325-4237  
 Pediatrics  X-Ray



**SHELBY COUNTY**

**ST. CHARLES COUNTY**

**Midwest Chest Consultants, P.C.**

330 First Capitol Drive, Suite 470

St. Charles, MO 63301

Phone: (636) 946-1650

X-Ray

**ST. CLAIR COUNTY**

**ST. FRANCOIS COUNTY**

**ST. LOUIS COUNTY**

**STE GENEVIEVE COUNTY**

**STODDARD COUNTY**

**Cross Trails Medical Center**

307 Gabriel

Advance, MO 63730

Phone: (573) 722-3034

X-Ray  Pediatric

**STONE COUNTY**

**SULLIVAN COUNTY**

**Sullivan County Memorial Hospital**

**Physician Clinic**

630 W. 3<sup>rd</sup> Street

Milan, MO 63556

Phone: (660) 265-5204

Pediatric

**TANEY COUNTY**

**Bridges Medical Clinic**

256 State Highway H

Forsyth, MO 65653

Pediatrics

**TANEY COUNTY CONT.**

**Branson Walk in Clinic**

1440 State Hwy 248, Ste. O

Branson, MO 65616

Pediatrics

**TEXAS COUNTY**

**VERNON COUNTY**

**WARREN COUNTY**

**WASHINGTON COUNTY**

**WAYNE COUNTY**

**Missouri Highlands**

**Health Care of Wayne County**

#1 Hal's Plaza

Piedmont, MO

Phone: (573) 223-4800

Pediatrics  X-Ray

**WEBSTER COUNTY**

**Jordan Valley Community Health Center**

1166 Banning Street

Marshfield, MO 65706

Phone: (417) 831-0150

Pediatrics

**OCH Webster County Clinic**

101 S. Main

Rogersville, MO 65742

Phone: (417) 753-9404

Pediatrics

**OCH Wellpointe Clinic**

543 W. Hubble Dr.

Marshfield, MO 65706

Phone: (417) 859-4878

Pediatrics

**WORTH COUNTY**

	Division of Community and Public Health	
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**WRIGHT COUNTY**

**OMC Mountain Grove Clinic**

500 East 19<sup>th</sup> Street

Mountain Grove, MO 65711

Phone: (417) 926-6563

Pediatrics  X-Ray

**OUTSIDE OF MISSOURI**

**OCH Jay Family Clinic**

2485 N. Main St

Jay, OK 74346

Phone: (918) 253-2550

Pediatrics

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**ANNUAL STATEMENT FOR TUBERCULIN REACTORS**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SIGNS/SYMPTOMS SCREENING (Yes/No):**

- \_\_\_\_\_ Cough lasting longer than three (3) weeks
- \_\_\_\_\_ Unexplained fever
- \_\_\_\_\_ Night sweats
- \_\_\_\_\_ Unexplained weight loss
- \_\_\_\_\_ Coughing up blood
- \_\_\_\_\_ Chest pain

**IF NONE OF THESE SYMPTOMS ARE PRESENT, A CHEST X-RAY IS NOT NECESSARY.**

\_\_\_\_\_  
Nurse/Physician

\_\_\_\_\_  
Date

- I am tuberculin positive with negative CXR. I have had the recommended course of treatment for **Latent Tuberculosis Infection** (LTBI).
- I am tuberculin positive. I have completed the recommended course of treatment for **Tuberculosis Disease**.
- I am tuberculin positive and have not completed the recommended course of treatment.

**If I develop any of the above symptoms, I agree to seek immediate medical attention.**

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

(Please Use LPHA letterhead)

**OR**

Insert LPHA Name

Address

City, State, Zip Code

## **Latent Tuberculosis Infection (LTBI) Treatment Completion**

This letter is to certify that \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Patient's Full Name) (Date of Birth)

has completed a recommended regimen for LTBI: \_\_\_\_\_ for  
(Medication/Dosage/Frequency)

\_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_.  
(# of) (Month/Year) (Month/Year)

It is recommended that you are evaluated annually by a medical provider for signs and symptoms of active TB disease. If you develop any of the following signs or symptoms of active TB disease, at any time, seek immediate medical attention, including a posterior/anterior chest x-ray. (Please wear a surgical mask to the emergency room, urgent care, or medical provider's office)

Signs and symptoms of active TB disease:

- ✓ Cough lasting longer than (3) weeks and/or coughing up blood
- ✓ Unexplained weight loss
- ✓ Night sweats
- ✓ Unexplained fever

\_\_\_\_\_  
(Signature of Medical Provider/Nurse)

\_\_\_\_\_  
(Date)