



Missouri Department of Health & Senior Services
Certificate of Completion for TB Treatment

_____ has successfully completed _____ months
of treatment for Tuberculosis/LTBI

For more information, contact:
_____ County Health Department

Telephone: () _____

MO 590-2689 (02-12)

TBC-19

Meds:	Dosage	Date Started	Date Completed
INH			
INH-RPT			
RIF			
PZA			
EMB			
SM			
Last negative culture:		Date:	
Last CXR results:		Date:	
PPD results:		mm	Date:
IGRA result:		Date:	

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