



TUBERCULOSIS INFECTION REPORT CARD
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DISEASE CONTROL AND FORENSIC PATHOLOGY
 SFN 7722 (06-2023)

Person Completing Card

Report positive results only. Complete entire card.
 Indicate not applicable or unknown where appropriate.

Facility

Phone #

Name (Last, First, MI)			Phone (H) (W)		
Address			Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Zip			Race/Ethnicity		Country of Birth
Reason for Test (employment, refugee, etc.)		Former TB Client? <input type="checkbox"/> No <input type="checkbox"/> Yes	Previous Reactor? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Previous Test
Date TST Planted	Date Read	Results MM	X-ray Date (within 2 wks of positive test, if possible)	X-ray Results	Treatment <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of IGRA	Name of Test	Results	Treatment Start Date	Facility Monitoring Treatment	
Medication Prescribed		Length of Treatment Months	If No Treatment, Reason for Not Treating		
Name of Physician	Phone Number	Address			

Send original to: ND Department of Health and Human Services, Disease Control and Forensic Pathology,
 600 E Boulevard Ave, Dept 325., Bismarck, ND 58505 or report online at <https://www.ndhealth.gov/disease/reportcard/>