These are examples of forms that may be used by local public health districts in Idaho to ensure appropriate treatment and follow up individuals with active tuberculosis (TB) or contacts to individuals with active TB. All the files linked below are in PDF format. If you would like MS Word files, please contact the Idaho TB program.


Forms table of contents and introduction (163 kb)
Diagnosis and Assessment Forms (28 kb)
TB Medication and Side Effect Surveillance Forms (511 kb)
Case Management and DOT Forms (1.1 Mb)
Contact Investigation/Source Investigation Forms (402 kb)
Isolation Forms (346 kb)
Transfer Notification Forms (123 kb)
All forms in one file (3.1 Mb)


| Category | Forms Included |
|---|---|
| Diagnosis and Assessment Forms (28 kb) | Confirmed/Suspected Report of Tuberculosis Disease |
| | TB Diagnostic Referral Form |
| | Bacteriology Data Sheet |
| | Biochemistry Data |
| | TB Home Evaluation |
| | Address Information Request |
| TB Medication and Side Effect Surveillance Forms (511 kb) | Idaho Tuberculosis Drug Assistance Program Order Form |
| | Panhandle Health District's TB Drug Interview Sheet |
| | Adverse Reactions & Side Effects to TB Medications |
| | Visual Acuity and Ishihara's Tests for Color Blindness – Test Results |
| | Treatment of Active Tuberculosis (TB) Education Form |
| | Treatment of LTBI (Latent TB Infection) Education Form |
| | Usual Length of TB Treatment Plan (visually depicted) |
| | Tuberculosis Treatment Agreement (English) |
| | Tuberculosis Treatment Agreement (Spanish) |
| Case Management/DOT Forms (1.1 Mb) | Case Management Treatment Plan for Active TB Disease |
| | TB Disease Monthly Patient Assessment |
| | Monthly Tuberculosis Case Report |
| | LTBI Monthly Patient Assessment |
| | TB Case Management Monitoring Record |
| | Critical Pathway |
| | Tuberculosis Treatment Record Directly Observed Therapy – DOT |
| | Tuberculosis (TB) Directly Observed Therapy Agreement |
| | Directly Observed Therapy Record |
| Contact Investigation Forms (402 kb) | Idaho TB Contact Tracing Form |
| | TB Contact Investigation report |
| | Tuberculosis Contact Investigation Form |

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|---|---|
| | TB Contact Investigation Summary |
| Isolation Forms (346 kb) | Home Isolation Agreement – from Montana<br>Home Isolation Agreement – from Oregon<br>Isolation Instructions (English)<br>Isolation Instructions (Spanish)<br>Voluntary Isolation/Quarantine Agreement (English)<br>Voluntary Isolation/Quarantine Agreement (Spanish)<br>Orders to Voluntarily Comply with Tuberculosis Control Measures |
| Transfer Notification Forms (123 kb) | Interjurisdictional Tuberculosis Notification<br>Interjurisdictional Follow-up Form |

IDAHO DEPARTMENT OF HEALTH & WELFARE