



Public Health  
Prevent. Promote. Protect.

# Erie County Department of Health

606 W. Second St.,  
Erie, PA 16507  
Phone: 814-451-6700  
Toll free: 1-800-352-0026  
eriecountypa.gov/health

## Tuberculosis Referral

Email to [ecdhtb@eriecountypa.gov](mailto:ecdhtb@eriecountypa.gov) or fax to 814-451-6767. For questions, call 814-451-6700.

### Referral Information

Referred by \_\_\_\_\_ Date Sent \_\_\_\_\_  
Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

### Patient Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Sex \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
Parent/Guardian (if patient is 17 years old or younger) \_\_\_\_\_  
Country of Origin \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity:  Hispanic  Not Hispanic  
 Interpreter needed: Language \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone Numbers (with area code) \_\_\_\_\_ Email \_\_\_\_\_

### Reason for Referral

Employment Screening  Refugee/Immigrant Screening  Student  
 Contact to Active TB, specify name \_\_\_\_\_  
Describe signs or symptoms of Active TB \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

### TB Test Given

TST/Skin Test  Q Gold  T Spot **\*\*Include Lab report for Q Gold and T Spot including values**  
Skin Test Results: Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_ Measurement \_\_\_\_\_ mm

CXR Ordered:  Yes  No **\*\*Include copy of report if available.**  
If yes, Location \_\_\_\_\_ Date \_\_\_\_\_  
CXR Result  Normal  Abnormal HIV Status (if known)  Reactive/Positive  Non-Reactive/Negative

### PCP Information

Primary Care Physician Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_