

# GRANT COUNTY

County Courthouse  
P.O. Box 37  
Ephrata, WA 98823  
(509) 754-6060



# HEALTH DISTRICT

1038 W. Ivy Avenue  
Moses Lake, WA 98837  
(509) 766-7960

## REQUEST FOR HEALTH OFFICER CONSULTATION

### for TUBERCULOSIS (TB) or SUSPECT TB

*PLEASE COMPLETE AND FAX TO (509) 766-6519*

Health Care Provider: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### CLINICAL INFORMATION:

TB Symptoms: \_\_\_\_\_

\_\_\_\_\_

PPD: \_\_\_\_\_ CXR Results: \_\_\_\_\_

Laboratory Mycobacterial Results: \_\_\_\_\_

### **Epidemiological Risks and Contact Investigation:**

\_\_\_\_\_

\_\_\_\_\_

### **Nature of Request:**

\_\_\_\_\_

\_\_\_\_\_

HO (MD Consultant) Advice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

shared/forms/HOconsultationform12/19/03ag