



COMPLETION OF TREATMENT FOR LATENT TB INFECTION  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
SFN 60143 , Rev. 3-2012

Repeating a tuberculin skin test on people who are known reactors is not recommended.

Client's Name (Last, First, MI)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date Treatment Started	Date Treatment Completed	
Positive Skin Test (in mm)	Date of Skin Test	
Printed Name of Health-Care Provider Completing Card		
Signature of Health-Care Provider Completing Card		Date Signed
Facility Name		Telephone Number

For further information or to confirm treatment completion, contact:

North Dakota TB Control Program  
2635 East Main Avenue, P.O. Box 5520  
Bismarck, N.D. 58506-5520  
Phone: 701.328.2376 or 1.800.472.2180