



# INFECTIOUS AND COMMUNICABLE DISEASE FORM

**EXTREMELY CONFIDENTIAL**

Name of Youth: \_\_\_\_\_ DJJID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## I. TUBERCULOSIS (REMINDER: SYMPTOM SCREEN FOR EVERY ADMISSION)

A1.	PPD/TST Dates Placed	Results In mm	Location	Source (County health dept., school records, prior DJJ, etc.)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Do not administer repeat PPD's unless one cannot be located or conditions explained in DJJ Policy are met.

**YES**                      **NO**

A2. Has youth ever had a chest x-ray?                                  Result \_\_\_\_\_

If yes, list: (location, city, doctor's office, county health department, etc.)

A3. Has youth ever received medication for latent TB (a positive PPD) or active tuberculosis disease?      **YES**                      **NO**

                    

Drug Name	Date Started	Course Complete		Still Receiving	
		Y	N	Y	N
_____	_____	Y	N	Y	N
_____	_____	Y	N	Y	N
_____	_____	Y	N	Y	N

## II. OTHER COMMUNICABLE DISEASES

	Tested?	Where?	Date	Treated?	Test Results in IHCR?
Chlamydia	Y N NA	_____	_____	Y N	Y N NA
Gonorrhea	Y N NA	_____	_____	Y N	Y N NA
Syphilis	Y N NA	_____	_____	Y N	Y N NA
Trichomonosis	Y N NA	_____	_____	Y N	Y N NA
Bacteria Vaginosis	Y N NA	_____	_____	Y N	Y N NA
Candida	Y N NA	_____	_____	Y N	Y N NA
Genital Warts/HPV	Y N NA	_____	_____	Y N	Y N NA





**III. HEPATITIS**

	Where Screened?	Results	Date	If positive, is youth receiving treatment? If receiving treatment, list name and location of practitioner.
Hepatitis A	_____	+ -	_____	Y N _____
Hepatitis B	_____	+ -	_____	Y N _____
Hepatitis C	_____	+ -	_____	Y N _____

**IV. MENINGITIS**

	If Yes, Where Treated?	Date Treated?
Viral	_____	_____
Bacterial	_____	_____

**V. STAPHYLOCOCCAL INFECTION (e.g. MRSA)**

Has youth ever had a Staph infection? *(Circle one)*      YES      NO

If yes, where on your body? \_\_\_\_\_

Did it require antibiotics?      *(Circle one)*      YES      NO

Did it require hospitalization?      *(Circle one)*      YES      NO

**VI. OTHER (DESCRIBE)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: This form is an ongoing registry to be updated and amended accordingly.*

\_\_\_\_\_/\_\_\_\_\_  
Signature/Title of Person Completing Form

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

