



# INFECTIOUS AND COMMUNICABLE DISEASE FORM

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.

A2. Has youth ever had a chest x-ray?      **YES**      **NO**  
            
    Was positive for TB?  
    Copy in file?

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

Most Recent	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
Bacterial 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. BLOOD INFECTIOUS DISEASES

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

IV. MENINGITIS HISTORY

	Yes	No	If Yes, Where Treated?	Date Treated?
Viral	_____	_____	_____	_____
Bacterial	_____	_____	_____	_____
Fungal	_____	_____	_____	_____

V. STAPHYLOCOCCAL INFECTION (e.g. MRSA)

Has youth ever had a Staph infection? Yes No  
 If yes, where on your body? \_\_\_\_\_  
 Did it require antibiotics? Yes No  
 Did it require hospitalization? Yes No  
 Where hospitalized? \_\_\_\_\_

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
_____ Signature/Title of Person Completing Form	_____ Printed Name	_____ Date
_____ Signature/Title of Person Completing Form	_____ Printed Name	_____ Date
_____ Signature/Title of Person Completing Form	_____ Printed Name	_____ Date
_____ Signature/Title of Person Completing Form	_____ Printed Name	_____ Date

