

## Montgomery County Tuberculosis Care and Treatment Board

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Montgomery County, Illinois

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I wish to submit a report of our activities for the month

### Testing Report

|   |    |
|---|----|
| Number of tuberculin skin tests given in office .....           | 16 |
| Number of tuberculin skin tests given at other facilities ..... | 46 |
| Total number of tuberculin skin tests given .....               | 62 |
| Number of positive skin tests .....                             | 0  |
| Number of positive skin tests (by referral) .....               | 0  |

### X-Ray Report

|   |   |
|---|---|
| Number of x-rays taken .....                      | 1 |
| Number of x-rays showing possible active TB ..... | 0 |
| Number of x-rays evaluated .....                  | 0 |

### Clinic Report

|  |   |
|--|---|
| Number of new patients seen at clinic .....                      | 0 |
| Number of previous patients seen at clinic .....                 | 0 |
| Number of evaluations/reports in addition to patients seen ..... | 0 |
| Total number of clinic reports.....                              | 0 |

### Treatment Report

|   |   |
|---|---|
| Number of patients admitted to or discharged from hospital .....    | 0 |
| Number of patients with active TB under treatment at home .....     | 0 |
| Number of patients on preventative treatment in nursing homes ..... | 0 |
| Number of patients on preventative treatment at home .....          | 0 |
| Number of patients on Direct Observe Therapy .....                  | 0 |
| Total number of patients on treatment .....                         | 0 |

### Deaths

|  |   |
|--|---|
| Number of patients whose deaths were related to TB ..... | 0 |
|--|---|