

Deferral Checklist #2

	yes	n
1. Is this patient waiting for the results of a Tb culture?	<input type="checkbox"/> _1	<input type="checkbox"/> _0
2. Did this patient have a positive urine culture (colony count >10 ⁵)? <i>Note: Please attach a copy of the urine culture results.</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
3. Does this patient have active genital herpes?	<input type="checkbox"/> _1	<input type="checkbox"/> _0
4. Does this patient have urethritis?	<input type="checkbox"/> _1	<input type="checkbox"/> _0
5. (<i>Men only</i> ♀) Does this patient have bacterial prostatitis?	<input type="checkbox"/> _1	<input type="checkbox"/> _0
6. Does this patient have ureteral calculi?	<input type="checkbox"/> _1	<input type="checkbox"/> _0
7. (<i>Women only</i> ♂) Does this patient have vaginitis?	<input type="checkbox"/> _1	<input type="checkbox"/> _0

L Are any shaded boxes checked?

_1 yes **L** Patient is deferred. Refer to manual of operations for length of time of deferral.
Please indicate approximate date patient will be eligible: ____ / ____ / ____

_0 no **L** Please continue with the screening process.