

Tuberculosis Contact Investigation

COUNTY

Report and Date
 Initial ___/___/___
 Update ___/___/___
 Final ___/___/___

Case Manager _____ State Case# _____ Local Case# _____

CASE INFORMATION

Name (last, first, MI) _____ Date of Birth ___/___/___	Disease Site <input type="checkbox"/> Pulmonary, Pleural, or Laryngeal <input type="checkbox"/> Other	Need for Contact Investigation (case characteristics) <input type="checkbox"/> High (sputum-smear pos and/or cavitory or laryngeal TB) <input type="checkbox"/> Med (sputum-smear neg, culture positive pulmonary or pleural TB) <input type="checkbox"/> Low (sputum-smear neg, culture negative pulmonary or pleural TB) <input type="checkbox"/> None (all others, pulmonary involvement ruled out, contact investigation not needed)
	Infectious Period Start Date ___/___/___ End Date ___/___/___ <input type="checkbox"/> Pending	

CONTACT* INFORMATION

	Contact Risks	Risk of infection**	Symptoms	<8 week TST/QFT	≥ 8 week TST/QFT	CXR	LTBI Treatment	Final Status***
First Name _____ Last Name _____ Address _____ Phone _____ Date of Birth ___/___/___ Country of Birth _____ DOE ___/___ Date Last Exposed ___/___/___ or <input type="checkbox"/> ongoing	<input type="checkbox"/> Household <input type="checkbox"/> Age<5 <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> CXR c/w Inactive TB <input type="checkbox"/> Congregate Setting <input type="checkbox"/> Exceeds Exposure Limits <input type="checkbox"/> Other Medical Risk <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> High <input type="checkbox"/> Low	<input type="checkbox"/> Yes <input type="checkbox"/> No	TST: ___/___/___ TST mm _____ QFT: ___/___/___ Result: _____ <input type="checkbox"/> Prior TST/QFT+ _____ <input type="checkbox"/> Prior TX _____	TST: ___/___/___ TST mm _____ QFT: ___/___/___ Result: _____ <input type="checkbox"/> Prior TST/QFT+ _____ <input type="checkbox"/> Prior TX _____	___/___/___ <input type="checkbox"/> Negative <input type="checkbox"/> Abnormal consistent with TB disease <input type="checkbox"/> Abnormal consistent with inactive TB	Date Started ___/___/___ Date Stopped ___/___/___ Regimen: <input type="checkbox"/> INH <input type="checkbox"/> Rif <input type="checkbox"/> Other _____	<input type="checkbox"/> Completed LTBI Tx <input type="checkbox"/> TB Disease <input type="checkbox"/> Died <input type="checkbox"/> Refused <input type="checkbox"/> Lost <input type="checkbox"/> Moved _____ <input type="checkbox"/> Adverse Rxn to Tx <input type="checkbox"/> Other Provider Decision _____
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* A contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

** Relative risk of infection depends on exposure and medical risk factors of the contact. For congregating exposures, contact the State for assistance in categorizing the contact's risk of infection.

*** Complete for contacts not fully evaluated or contacts starting treatment

Tuberculosis Contact Investigation

COUNTY

Case Name _____

Case Date of Birth ____/____/____

State Case# _____

CONTACT* INFORMATION

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