TUBERCULOSIS CONTACT RECORD

INDEX CASE: _____ **COUNTY:** _____ **STATE CASE #**_____ **LOCAL CASE#:**_____

CASE INFECTIOUS PERIOD Start:_____ End: _____ **FORM COMPLETED BY:** _____ **DATE:**_____

TYPE OF CASE/SUSPECT:____**Pulmonary Smear Pos.** ____**Pulmonary Smear Neg.** _____ **Other (describe)** _____

Last Name First Middle	PRIORITY	OTHER INFO	TST	RISK FACTORS	OUTCOME
Address City State	☐ High ☐ Medium ☐ Low	TB Sxs now: ☐ Y ☐ N X-Ray: __/___/__ ☐ Normal ☐ Abnormal ☐ Active TB	**Initial** Placed:___/___/___ Read:___/___/__ ____ mm **8-10 week f/u** Placed:___/___/___ Read:___/___/__ ____ mm	☐Y ☐N HIV ☐Y ☐N Diabetes ☐Y ☐N Lung disease ☐Y ☐N Current smoker ☐Y ☐N Excess alcohol ☐Y ☐N Kidney failure ☐Y ☐N Steroids ☐Y ☐N TNFalpha inhibitors ☐Y ☐N Other immunosuppressants ☐Y ☐N Head/neck cancer ☐Y ☐N Age≤5 years ☐Y ☐ N Underweight (<10% normal)	☐Y ☐ N TB disease ☐Y ☐ N LTBI
Phone / Country-of-origin	**EXPOSURE SETTING**	**PRIOR HISTORY**	**IGRA**		**TLTBI**
Age / Sex: ☐ F ☐ M Hispanic: ☐ Y ☐ N Race: ☐ AA ☐ A/PI ☐ NA ☐ W ☐O	☐ Household ☐ Work ☐ School ☐ Leisure ☐ Congregate ☐ Church/Temple ☐ Other _____ _____ Hrs/wk	Prior TB: ☐ Y ☐ N Year:_____ Prior BCG: ☐ Y ☐ N Prior TST: ☐ Y ☐ N Year:_____ ___mm; ☐ Neg ☐ Pos Prior IGRA: ☐ Y ☐ N Year:_____ ☐ Neg ☐ Pos ☐Other Prior TLTBI: ☐ Y ☐ N Year:_____	**Initial** **Date:** ____/_____/___ ☐ QFT ☐ T-SPOT Result:_____ ☐ Neg ☐ Pos ☐ Other **8-10 week f/u** **Date:** ____/_____/___ ☐ QFT ☐ T-SPOT Result:_____ ☐ Neg ☐ Pos ☐ **Other**		☐ PMD evaluation ☐ LHD evaluation ☐ Not Recommended ☐ Recommended ☐ Accepted ☐ Refused Begun: ___/___/__ **RETURN APPT:** ____/____/___ ___/___ /___
Relation to case: Date contact ended:__/____/_____					
Comments:					

Last Name First Middle	PRIORITY	OTHER INFO	TST	RISK FACTORS	OUTCOME
Address City State	☐ High ☐ Medium ☐ Low	TB Sxs now: ☐ Y ☐ N X-Ray: __/___/__ ☐ Normal ☐ Abnormal ☐ Active TB	**Initial** Placed:___/___/___ Read:___/___/__ ____ mm **8-10 week f/u** Placed:___/___/___ Read:___/___/__ ____ mm	☐Y ☐N HIV ☐Y ☐N Diabetes ☐Y ☐N Lung disease ☐Y ☐N Current smoker ☐Y ☐N Excess alcohol ☐Y ☐N Kidney failure ☐Y ☐N Steroids ☐Y ☐N TNFalpha inhibitors ☐Y ☐N Other immunosuppressants ☐Y ☐N Head/neck cancer ☐Y ☐N Age≤5 years ☐Y ☐ N Underweight (<10% normal)	☐Y ☐ N TB disease ☐Y ☐ N LTBI
Phone / Country-of-origin	**EXPOSURE SETTING**	**PRIOR HISTORY**	**IGRA**		**TLTBI**
Age / Sex: ☐ F ☐ M Hispanic: ☐ Y ☐ N Race: ☐ AA ☐ A/PI ☐ NA ☐ W ☐O	☐ Household ☐ Work ☐ School ☐ Leisure ☐ Congregate ☐ Church/Temple ☐ Other _____ _____ Hrs/wk	Prior TB: ☐ Y ☐ N Year:_____ Prior BCG: ☐ Y ☐ N Prior TST: ☐ Y ☐ N Year:_____ ___mm; ☐ Neg ☐ Pos Prior IGRA: ☐ Y ☐ N Year:_____ ☐ Neg ☐ Pos ☐ Other Prior TLTBI: ☐ Y ☐ N Year:_____	**Initial** **Date:** ____/_____/___ ☐ QFT ☐ T-SPOT Result:_____ ☐ Neg ☐ Pos ☐ Other **8-10 week f/u** **Date:** ____/_____/___ ☐ QFT ☐ T-SPOT Result:_____ ☐ Neg ☐ Pos ☐ Other		☐ PMD evaluation ☐ LHD evaluation ☐ Not Recommended ☐ Recommended ☐ Accepted ☐ Refused Begun: ___/___/__ **RETURN APPT:** ____/____/___ ___/___ /___
Relation to case: Date contact ended:__/____/_____					
Comments:					