

National Tuberculosis Controllers Association

Interjurisdictional Follow-up Form

30 day status: located not located

Return to:

Arlene Hudak, Maryland DHMH Division of TB Control

Name

410-669-4215

Fax number

201 W. Preston St., Room 307A, Baltimore MD 21201

Jurisdiction

410-767-6698

Phone number

Patient name _____ Date of birth ____/____/____
Last First Middle

New address _____
Number Street/Apt. City State Zip Code

New telephone () _____ Sex Male Female

Case: (Send RVCT F/U2 to reporting jurisdiction)

Completed: ____/____/____ Moved to: city _____ county _____ state _____

Died Lost (after initially located) Never located

Uncooperative or refused Not TB Other _____

Suspect:

Verified by lab Verified by clinical

Verified by provider Not verified

Other: _____

If verified, and original jurisdiction submits RVCT, complete case outcome above.

Contact:

No follow-up performed Never located

Evaluated: Class II Class III Class IV No infection

Started treatment Continuing treatment Other: _____

LTBI/Convertor:

No follow-up performed Never located Started treatment

Continuing treatment Other: _____