Interjurisdictional TB Notification

TB Contact Investigation

Referral Reason: ◯ Location, evaluation ◉ Completion of evaluation (evaluation initiated, but the person moved)

Date of Expected Arrival:

Referred for: ☐ Individual contact ☐ Expanded contact group

Client Information

Last Name: | First Name: | Middle Name:

Date of Birth: | Sex at Birth: | Gender Identity: | Race: | Ethnicity:

Country of Birth: | Primary Language: | Interpreter Needed?

New Address: | City:

State/Province/Region: | Zip Code: | County:

Phone 1: | Phone 2: | Email:

Alternate Contact Name: | Relationship: | Phone:

Date of Last Exposure: | Contact Priority: | Type of Contact: Multiple sites - see comments

☑ Sputum smear positive index case ☑ Sputum NAAT/Culture positive index case ☑ Index Case Cavity on Radiology Drug Resistant Index Case: Pending

Initial TB Test: | Date: | Result: | TST mm: | Report Attached:

8+ week Post-exposure Test: | Date: | Result: | TST mm: | Report Attached:

Radiology: ◉ Yes | ◯ No | Report Attached:

Treatment Status: | MAR/DOT Log Attached:

Starting TB Infection Regimen: | Date Started: | Estimated Treatment Duration:

Date medication given for travel: | # of doses in hand for travel: | Prescription Given:

Side Effects, Adherence, or Administration Problems:

Comments:

 | Rev: 3/2024

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Client Information

Last Name: | First Name: | Date of Birth:

Follow-Up Information

Report Status: | Date of Disposition: | Reason Dispositioned:

If Disposition Other:

Evaluation: | Evaluation Outcome:

Tests/Results:
Most recent results are attached
(If not attached, please provide reason)

TST/IGRA: | Radiology: | Smear(s): | NAAT:

Culture(s): | Susceptibilities (if culture positive):

Treatment Status: | MAR/DOT Log Attached: | Completing TB Infection Regimen: | Date Stopped:

If Patient Moved: Notified New Jurisdiction:

New Address: | City:

State/Province/Region: | Zip Code: | County:

Phone 1: | Phone 2: | Email:

Comments:

NOTE: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form. | Rev: 3/2024