Interjurisdictional Tuberculosis Notification

☐ Initial
☐ Update

Referring Jurisdiction: city _____ county _____ state _____ Date sent _____

Contact person: _____ Phone _____ FAX _____

☐ Verified case State reporting to CDC: _____ RVCT# _____ (attached RVCT) ☐ Not reported _____

☐ Suspect case ☐ Close contact ☐ Reactor (LTBI) ☐ Convertor (LTBI) ☐ Source case investigation ☐ A/B Classified Immigrant

Patient name: _____ (Last / First / Middle) Sex: ☐ M ☐ F

AKA _____

Date of birth _____ Interpreter needed? ☐ NO ☐ Yes, specify language _____

New address _____ (Number / Street / Apt)

_____ (City / State / Zip Code)

Hispanic: ☐ No ☐ Yes

Race: ☐ White ☐ Black ☐ Asian ☐ Am. Indian / Nat. Alaskan ☐ Other: _____

New telephone _____ Date of expected arrival _____

New health provider: ☐ Unknown ☐ Known (name, address, phone): _____

Emergency contact: Name _____ Phone _____

Relationship _____

Cilnical information for ☐ this referred case/suspect ☐ index case of this contact ☐ not applicable

Date of Collection	Specimen type	Smear	Culture	Susceptibility	Chest X-ray	Other

Site(s) of disease: ☐ Pulmonary ☐ Other(s) specify all _____

Date 1st negative smear _____ ☐ Not yet Date 1st negative culture _____ ☐ Not yet

TB skin test #1: Date _____ Result ____mm TB skin test #2: Date _____ Result ____mm

Contact/LTBI Information **TB Skin test:** ☐ Not Done

TST #1Date: _____ Result ____mm TST #2 Date: _____ Result ____mm

CXR ☐ Not Done Date: _____ ☐ Normal ☐ Other: _____

Last known exposure to index case _____ Place/intensity of exposure: _____

Medications ☐ this referred case / suspect ☐ this referred contact / LTBI

Drug	Dose	Start date	Stop date

Planned completion date: _____

DOT ☐ No ☐ Yes: start date _____

☐ Daily ☐ lx W ☐ 2x W ☐ 3x W

Last DOT Date: _____

Adherence problems/significant drug side effects:

_____

_____

_____

Patient given _____ Days of medication

Comments _____

Case Follow-Up In 30 days report to referring jurisdiction if located or not located and report final outcome.

Other Follow-Up ☐ Follow-up requested (form attached) ☐ No follow-up requested