☐ Initial
☐ Update

Interjurisdictional Tuberculosis Notification

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

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Patient name:_____ Sex: ☐ M ☐ F
Last First Middle

AKA _____

Date of birth ____/____/____ Interpreter needed? ☐ No ☐ Yes, specify language_____

New address _____
Number / Street / Apt

Hispanic: ☐ No ☐ Yes

_____
City / State / Zip Code

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 _____

Clinical 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

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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 ☐ 1x 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