Interjurisdictional TB Notification Follow-up

30-Day Status: Interim Final Located Not Located

Date Not	tification Rece	eived/	/						
Return	Follow-Up Fo	rm to:							
Name				Fax Number					
Address	S			City		State		Zip Code	
Jurisdiction					Phone N	 Number			
- Juliani									
Patient N	Name					Date of	f Birth	/ /	
Sex	Last Male Fen		First		M.I.				
Case:				and Outcome Date	/	/			
	Send F/U2 to Reporting Jurisdiction								
	Completed								
	Moved to:	Address							
				County				State	
		Telephone ()						
	Lost (after initially located)			Never located Uncooperati		perative o	or refused		
	Not TB			Died Other		:			
Suspe	ct / Source C	ase Finding:							
	Verified by Lab*			Verified by Clinical Definition		ı*	* If verified, and referring jurisdiction will submit the		
	Verified by Provider Diagnosis			Not Verified			RVCT, complete Case outcome above.		
	Other:						outcome	above.	
Conta	ct (Send loca	l contact form, if f	ollow-up	performed):					
	No Follow-	up Performed		Never Located					
	Evaluated:	Class II	Class II	II Class IV	No inf	ection			
	Started Trea	ıtment	Continu	uing Treatment					
	Completed '	Treatment	Other:						
LTBI	/ Convertors	:							
	No Follow-up Performed			Never Located	Started	Started Treatment			
Continuing Treatment			Completed Treatment Other:						
Comme	nts:								
Person	Completing For	rm:			Γ	ate Compl	leted	/ /	