TDH

CONTINUATION OF REPORT OF CONTACTS

Page ____ of ____ Date __ __/__ __/__ __ __ __

Case Name **Date of Birth** **SSN**

Last Name First Middle

Address

City County Country

Telephone No. Home Work

Other

SSN __ __ __-__ __-__ __ __ __
Sex ☐ Male ☐ Female
Race ______ ☐ Hisp/Lat ☐ Not Hisp/Lat
DOB __ __/__ __/__ __ __ __
BCG ☐ Yes ☐ No
__ __/__ __/__ __ __ __
Relation to case:

Exp. Risk: ☐ Close ☐ Casual ☐ No contact was made

Exp. Site: ☐ Household ☐ Work site ☐ Other

Date contact broken __ __/__ __/__ __ __ __

History of positive TST? ☐ Yes ☐ No
TST Date
__ __/__ __/__ __ __ __ ____mm
__ __/__ __/__ __ __ __ ____mm
__ __/__ __/__ __ __ __ ____mm
TST positive: ☐ Yes ☐ No

CXR date __ __/__ __/__ __ __ __ ☐ norm. ☐ abn.

HIV Test Results ☐ Positive ☐ Negative ☐ UNK

Treatment and Disposition
Treatment Started: __ __/__ __/__ __ __ __
Treatment Stopped: __ __/__ __/__ __ __ __
Number of months:
Recommended ______
Taken ______
Clinic:

☐ TB disease
☐ Treatment not started
☐ Completed treatment
☐ Contact chose to stop
☐ Lost to follow-up
☐ Active TB developed
☐ Provider decision
☐ Contact moved follow-up UNK
☐ Death
☐ Adverse drug reaction

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COMMENTS: