i uberculosis c	oniaci ii	iivesiig	alion				Update// Final//	
Case Manager	State Case#			Local Case#				
CASE INFORMATION								
		☐ Pulmonary, Pleural, or Laryngeal ☐			Need for Contact Investigation (case characteristics) High (sputum-smear pos and/or cavitary or laryngeal TB) Med (sputum-smear neg, culture positive pulmonary or pleural TB)			
Date of Birth/		Low (sputi			um-smear neg, culture negative pulmonary or pleural TB) others, pulmonary involvement ruled out, contact investigation not needed)			
	lı	nfectious Period	Start Date_		End Date	<i>ll</i>	□ Pending	
CONTACT* INFORMATION	Contact Risks**		<8 week TST/QFT		CXR	LTBI Treatment	Final Status	
		Law Diels of Infection		≥ 8 week TST/QFT				
First Name	High Risk of Infection ☐ Household	Low Risk of Infection No risk	TST:	151:	Date / /	Date Started	☐ Completed Evaluation ☐ TB Disease ☐ Died	
First Name	☐ Age<5		TST mm	TST mm	☐ Negative		☐ Moved	
Last Name	☐ Age<5	☐ Other low risk	QFT:	QFT:	☐ Abnormal consistent	Data Ctanand	☐ Refused tx ☐ Lost	
Address	CXR c/w Inactive TB		QFI: ///	QF1: / /	with TB disease	Date Stopped	☐ Refused tx ☐ Lost	
Phone Date of Birth / /			//	- ''		/	D Advance Books To	
Country of Birth DOE/	☐ Congregate Setting☐ Exceeds Exposure Limits		Result:	Result:	Abnormal consistent	Regimen:	Adverse Rxn to Tx Other Provider Decision	
• — — — — — — — — — — — — — — — — — — —	· '		□ D : TOT/O		with inactive TB		Uther Provider Decision	
Date Last Exposed/ or ☐ ongoing	Other Medical Risk	Symptoms		FT+		☐ 3HP		
	☐ Other	☐ Yes ☐ No	☐ Prior TX			☐ INH ☐ Other	☐ Refused Eval ☐ Completed LTBI Tx	
	10 1 Di 1 1 1 1 1 1		TOT	TOT				
First Name	High Risk of Infection Household	Low Risk of Infection	TST:	TST:	Date / /	Date Started	☐ Completed Evaluation ☐ TB Disease ☐ Died	
First Name		☐ No risk	//	- ''				
Last Name	Age<5	☐ Other low risk	TST mm	TST mm	Negative	D . O	Moved	
Address	HIV/AIDS		QFT:	QFT:	Abnormal consistent	Date Stopped	☐ Refused tx ☐ Lost	
Phone	CXR c/w Inactive TB		//	_ //	with TB disease	//	L	
Date of Birth/	Congregate Setting		Result:	Result:	Abnormal consistent	Regimen:	Adverse Rxn to Tx	
Country of BirthDOE/_	Exceeds Exposure Limits				with inactive TB	RIF	Other Provider Decision	
Date Last Exposed/ or ☐ ongoing	Other Medical Risk	Symptoms	4	FT+		☐ 3HP		
	☐ Other	Yes	☐ Prior TX			□ INH	Refused Eval	
		□ No		1		Other	☐ Completed LTBI Tx	
F	High Risk of Infection	Low Risk of Infection	TST:	TST:	Date	Date Started	Completed Evaluation	
First Name	Household	☐ No risk	//	- /	//	/	☐ TB Disease ☐ Died	
Last Name	☐ Age<5	☐ Other low risk	TST mm	TST mm	☐ Negative		Moved	
Address	☐ HIV/AIDS		QFT:	QFT:	☐ Abnormal consistent	Date Stopped	☐ Refused tx ☐ Lost	
Phone	CXR c/w Inactive TB		//	_ /	with TB disease		<u> _</u>	
Date of Birth/	Congregate Setting		Result:	Result:	☐ Abnormal consistent	Regimen:	Adverse Rxn to Tx	
Country of Birth DOE/	Exceeds Exposure Limits				with inactive TB	RIF	Other Provider Decision	
Date Last Exposed / / or □ ongoing	Other Medical Risk	Symptoms	☐ Prior TST/Q	FT+		☐ 3HP		

☐ Other_

Tuborculosis Contact Investigation

Health department believes had significant exposure, and for whom enough identifying/contacting information is available.

*A contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

*The property of the contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

*The property of the contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

*The property of the contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

☐ Prior TX_

Page 1 of _ Revised 12/20/2018

☐ Refused Eval ☐ Completed LTBI Tx

Report and Date

Initial

LOCAL PUBLIC HEALTH AUTHORITY

☐ INH

☐ Other_

Tuberculosis Contact Investigation

LOCAL PUBLIC HEALTH AUTHORITY

Case Name	Ca	se Date of Birth		S	tate Case#					
CONTACT* INFORMATION										
	Contact Risks**		<8 week TST/QFT	≥ 8 week TST/QFT	CXR	LTBI Treatment	Final Status			
First Name Last Name Address Phone	High Risk of Infection Household Age<5 HIV/AIDS CXR c/w Inactive TB	Low Risk of Infection No risk Other low risk ———	TST:// TST mm QFT://	TST:// TST mm QFT://	Date//	Date Stopped	□ Completed Evaluation □ TB Disease □ Died □ Moved □ Refused tx □ Lost			
Date of Birth// Country of Birth/ DOE/_ Date Last Exposed// or □ ongoing	□ Congregate Setting □ Exceeds Exposure Limits □ Other Medical Risk □ Other	Symptoms Yes No			Abnormal consistent with inactive TB	Regimen: RIF SHP INH Other	□ Adverse Rxn to Tx □ Other Provider Decision □ Refused Eval □ Completed LTBI Tx			
First Name Last Name Address Phone Date of Birth/ Country of Birth/ Date Last Exposed// or □ ongoing	High Risk of Infection Household Age<5 HIV/AIDS CXR c/w Inactive TB Congregate Setting Exceeds Exposure Limits Other Medical Risk	Low Risk of Infection No risk Other low risk Symptoms Yes No	TST:	TST:	Date // / Negative Abnormal consistent with TB disease Abnormal consistent with inactive TB	Date Started//	Completed Evaluation TB Disease			
First Name Last Name Address Phone Date of Birth/ Country of Birth/ DOE/_ Date Last Exposed// or □ ongoing	High Risk of Infection Household Age<5 HIV/AIDS CXR c/w Inactive TB Congregate Setting Exceeds Exposure Limits Other Medical Risk	Low Risk of Infection No risk Other low risk Symptoms Yes No	TST:	TST: /	Date / / / Negative Abnormal consistent with TB disease Abnormal consistent with inactive TB	Date Started /	□ Completed Evaluation □ TB Disease □ Died □ Moved □ Refused tx □ Lost □ Adverse Rxn to Tx □ Other Provider Decision □ Refused Eval □ Completed LTBI Tx			
First Name Last Name Address Phone Date of Birth/ Country of Birth/ Date Last Exposed// or □ ongoing	High Risk of Infection Household Age<5 HIV/AIDS CXR c/w Inactive TB Congregate Setting Exceeds Exposure Limits Other Medical Risk	Low Risk of Infection No risk Other low risk Symptoms Yes No	TST:	TST: /	Date / / / Negative Abnormal consistent with TB disease Abnormal consistent with inactive TB	Date Started//	☐ Completed Evaluation ☐ TB Disease ☐ Died ☐ Moved			

Horizon A contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

**A contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

**Relative risk of infection depends on exposure and medical risk factors of the contact. For congregate setting exposures, contact the State for assistance in categorizing the contact's risk of infection.

Page ___ of ___ Revised 12/20/2018