Interjurisdictional Follow-up Form

	30	0 day status:		not located			
Return to:							
	Name			Fax number			
	Jurisdiction			Phone number			
Patient nameFi		First	rst Middle		Date of birth/		
New address	Number	Street/Apt.	City	Ç.	tate	Zip Code	
New telephor		-		Sex:	Male	Female	
ivew telephol	iie (<u>)</u>			SCA.	iviaic	remaie	
Case: (Send	d RVCT F/U2 to	reporting jurisdiction	on)				
Completed: / /		Moved to	Moved to:			state	
□Died		$\Box ext{Lost}$ (afte	□Lost (after initially located)		county state □Never located		
□Uncooperative or refused					□Other		
Suspect:							
□Verified by lab		□Verified	□Verified by clinical □Not verified		If verified, and original jurisdiction submits RVCT, complete case outcome above.		
□Verified by provider		□Not veri					
□Other:_				outcome doc			
Contact:							
□No fo	llow-up performe	d □Never lo	ocated				
□Evalu	ated: □ Class II	□ Class III □Class 1	V □No infect	ion			
□Started treatment		□Continu	□Continuing treatment		□Other:		
LTBI/Conv	vertor:						
□No follow-up performed □Continuing treatment		□Never lo	□Never located □Other:		□Started treatment		
		□Other:_					