Interjurisdictional Tuberculosis Notification

Contact person □ Verified case→S □ Suspect case Patient name	tate where reported	l: ct □Rea	RVCT# actor LTBI	□Convertor		_	
☐ Suspect case Patient name La	Close contact	ct □Rea	actor LTBI			_	
Patient name	ast			□Convertor	□Source ca	ase investigation	
		First				tor Source case investigation	
			N	fiddle	Sex □M	ale □Female	
Date of birth		Interpr	eter needed?	□No □Yes, specif	y language		
	umber/Street/Apt.				_Am.Ir	□No □Yes te □Black □Asian ndian/Nat.Alaskan.	
New telephone (New health provide)	Known (name,	address, phone)			://_	
Insurance source: Emergency contact	None	Medicaid	Private	Medicare			
Laboratory inform	nation for	this referred ca	se/suspect	index case for t	his contact	not applicable	
Date	Specimen type	Smear	Culture	Susceptibility	Chest X-ray	Other pertinent labs	
Site(s) of disease: Date 1 st negative sn TB skin test #1:Dat		/ Not yet / Result	Da	s) specify all te 1 st negative cultur skin test #2: Date	re//		
Contact/LTBI Info TST #1 Date CXR Not Done Last known exposu	// Date/_	Result No	rmal Ot	her:		Resultmm	
Medications	I this referred case/	suspect	is referred contact	ct/LTBI Planned	completion date	//	
Drug	Dose	Start date	Stop d	24.2		e/	
					1x W 2x		
					OT Date/	icant drug side effects:	
Comments							
Case Follow-Up							

Other Follow-Up Follow-up requested (form attached) No follow-up requeste