

TUBERCULOSIS ELIMINATION DIVISION

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Data	/	/	

A. Case/Suspect Information

REPORT OF CONTACTS

A Gado Gadpoot initorini	ation									
Last Name	First Name	Middle Name	DOB		SSN	Sex	Ethr	nicity		Race
Street Address	Apt.	City	// County	Zip Code	 Census Tract	_ □ M □ t Phone	☐ Not His		A-Asian IA	B -Black/African Amer. A-Amer. Indian/Alaskan Hawaiian/Pacific Island
Oli Oct / Idai Oco	7.01.	Oity	County	21p 0000	Ochodo madi	1 110110	•		U -Unknown	l
Status: New case Recurrent	Suspect Reop	Predominant Si en Pulmonary	te: Laryngeal Other_			Is case mai Daycare ce				′es □ No
Onset of Symptoms:	TST Date	mm	Positive		•		Bacteriolog	ıy		
//	//		☐ Yes ☐ No	Specimen	Collection	n Date	Smear	Culture	e ID	Resistant to:
RX Started:	CXR Date	Reading	Cavitary □ Yes □ No							
Compliant with therapy:	Source case:			Comments:						
☐ Yes ☐ No	Loot Nome	First		Commonto.						
Date no longer infectious:	//		Middle							
Duplicate contacts to:			No contacts identi	ified due to:						
B. Interview Information	1		•							
Date case/suspect reported	: Interviewe	r:		Interview	date:	Clinic:				
//	Last Name		First Name		/					
C. Contact Information				•		•				
Last Name First	Middle SSN Sex		☐ Close ☐ Casual ☐ No contact was	TST D	/	mm	Treatment / Treatment	_/	☐ Comp	ment not started eleted treatment
Address		Not Hisp/Lat	⊕ Household Work site		/ /	mm	Number of	_/ f months:	Lost to	of chose to stop
City County	Country	☐ Yes ☐ No	Work site Other □ Other		ositive: Yes [□No :	Recomme Taken	nded	Provid	e TB developed der decision
Telephone No. Home V	Vork — Relation	// on to case:	Date contact brok		/ st Results		Clinic:		☐ Death	
Other				Pos	sitive Negative	□UNK	ਰ 		∐ Adver	se drug reaction
Last Name First	Middle SSN _ Sex	 Male	∑i ☐ Close ☐ Casual	TST D]Yes □No	Treatment / Treatment	_/	☐ TB dis — ☐ Treatr	sease ment not started
Address	Race _	Hisp/Lat Not Hisp/Lat	No contact was	made/	/	mm + mm	Treatment			eleted treatment act chose to stop
	DOB_		⊕ Household	/	/	mm	Number of	months:		o follow-up
City County	Country	☐ Yes ☐ No	Work site ☐ Other		ositive: Yes		Recomme	nded		e TB developed der decision
Telephone No. Home V	Vork ————————————————————————————————————	//_ on to case:	Date contact brok		/	☐ norm. ☐ abn.	Taken Clinic:		☐ Death	
Other			//		st Results sitive \(\square\) Negative	□UNK			☐ Adver	se drug reaction