



A. Case/Suspect Information

REPORT OF CONTACTS

Form A: Case/Suspect Information. Includes fields for Last Name, First Name, Middle Name, DOB, SSN, Sex, Ethnicity, Race, Street Address, Apt., City, County, Zip Code, Census Tract, Phone, Status, Predominant Site, Is case married?, Daycare center attendee/employee?, Onset of Symptoms, TST Date, Positive, Bacteriology, Specimen, Collection Date, Smear, Culture, ID, Resistant to, RX Started, CXR Date, Reading, Cavitary, Compliant with therapy, Source case, Last Name, First, Middle, Date no longer infectious, Duplicate contacts to, No contacts identified due to.

B. Interview Information

Form B: Interview Information. Includes fields for Date case/suspect reported, Interviewer (Last Name, First Name), Interview date, Clinic.

C. Contact Information

Form C: Contact Information. Includes fields for contact details (Last Name, First, Middle, Address, City, County, Country, Telephone No., Home, Work, Other), SSN, Sex, Race, DOB, BCG, Relation to case, Exp. Risk, Exp. Site, Date contact broken, History of positive TST?, TST Date, TST positive, CXR date, HIV Test Results, Treatment Started, Treatment Stopped, Number of months, Recommended, Taken, Clinic, Adverse drug reaction.