

INTERNATIONAL TUBERCULOSIS NOTIFICATION FORM

TO: *Health Officer, Physician, or Tuberculosis Control Personnel of:*

| Country | Province | District | City or Village |
|---------|----------|----------|-----------------|
| | | | |

The individual named below has **active tuberculosis** and was treated in the USA. He or she **has not completed treatment**. This form is to notify you so that treatment can be completed.

Tuberculosis Patient's Name: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

This patient informed us that he/she was going to the following location:

| | |
|---------------------------------|--|
| Patient's Address | |
| City or village | |
| District, Province | |
| Country | |
| Telephone if available | |
| e-mail address if available | |
| Contact person at this location | |

If you have any questions, contact the following person who treated this patient in the United States:

| | |
|-----------------------|--|
| Name | |
| Address | |
| City, State, Zip Code | |
| Phone, fax, email | |

Date of diagnosis of current illness _____

This illness was a: ☐ New episode of TB

(check one) ☐ Treated for TB in the past, before the current episode

If previously treated, describe the patient's prior history of tuberculosis and treatment.

Site(s) of disease: ☐ Pulmonary ☐ Extra-pulmonary (specify)_____

Initial and most recent laboratory and radiographic test results (microscopy, cultures, drug susceptibility test results, radiographs, and other critical lab tests) (use additional pages as needed)

| Date | Test | Result |
|------|------|--------|
| | | |
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Current Medications (generic name), Dose, Frequency, Route of Administration, Start Date

| Drug | Dose | Frequency | Route | Start Date |
|------|------|-----------|-------|------------|
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Treatment Plan. Our treatment plan for this patient is specified below. This may differ from TB treatment in your country. ***Please insure this patient completes a full course of treatment.***

| Drug | Dose | Frequency | Route | Start Date |
|------|------|-----------|-------|------------|
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Any Other Comments