

Interjurisdictional TB Notification Follow-up

- 30-day status: located not located
- Interim
- Final

Date Notification Received _____ / _____ / _____

Return follow-up form to:

Name _____		Fax number _____	
Address _____	City _____	State _____	Zip Code _____
Jurisdiction _____		Phone number _____	

Patient name _____ Date of birth _____ / _____ / _____
Last First M.I.

Sex Male Female

Case: Indicate reason therapy stopped and outcome date _____ / _____ / _____

Send F/U2 to reporting jurisdiction RVCT# _____

Completed

Moved to: address _____
city _____ county _____ state _____
Telephone () _____

- Lost (after initially located)
- Never located
- Uncooperative or refused
- Not TB
- Died
- Other: _____

Suspect/Source Case Finding:

- Verified* by lab
- Verified* by clinical definition
- Verified* by provider diagnosis
- Not verified
- Other: _____

*If verified, and referring jurisdiction will submit the RVCT, complete **Case** outcome above

Contact (send local contact form, if follow-up performed):

- No follow-up performed
- Never located
- Evaluated: Class II Class III Class IV No infection
- Started treatment
- Continuing treatment
- Completed treatment
- Other: _____

LTBI/Convertors:

- No follow-up performed
- Never located
- Started treatment
- Continuing treatment
- Completed treatment
- Other: _____

Comments: _____

Person completing form _____	Date completed _____ / _____ / _____
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