

Please provide the following information for each individual that may potentially be evacuated during an emergency situation in the following categories: active cases currently on treatment, suspects currently on treatment, contacts to MDR-tb receiving preventive treatment and individuals receiving window prophylaxis. Complete 1 form for each individual patient. FAX the completed form to the 804-371-0248. Provide surgical masks to any potentially infectious client.

Provide a copy of this form to the patient and advise the patient to seek assistance at a local health department near their current location as soon as emergency conditions permit. Advise the patient to call 804-864-7906 for any problems or assistance in locating a health department.

Name _____ DOB _____

Normal Address _____

City _____

Phone _____ Cell Phone _____

INFECTIOUS: NO _____ YES _____ If yes, date last + smear _____

Susceptibilities Known: NO _____ YES _____ If yes, any drug resistance?
 NO _____ YES _____ List:

Current Treatment Regimen: Date Treatment Started _____

Use blank boxes for Second-line TB drugs, if applicable

Drug	Dose (total single dose)	Times per Week	DOT	Comments
INH			Y N	
Rifampin				
Ethambutol				
Pyrazinamide				
Pyridoxine				

Known Evacuation Plans: