TB Contact Investigation Final 502 Form

Index Case ID# District Nurse Case Ma	nager Name		Nurse Case Manager Pho	one #		Infectiou	ıs Period
Date Case/Presumptive Reported to Local Health Dept.	Date Contact	Investigation Initiated _				Start Date:	Fnd Date:
Type of Investigation: ☐ Contact ☐ Source Case Type of Case : ☐ Pulmonary Smear Pos.	□ Pulmonar	ry Culture Pos. 🗆 Pulmor	nary Smear Neg. 🛚 Extrapu	ılmonary			
☐ Clinical ☐ GeneX	pert Pos.						
Contact Last Name: First Name: DOB: Race/Ethnicity: American Indian/AK Native Asian Black White Native HI/Pacific Islander Other Sex: Hispanic Not Hispanic Address: Contact Relationship to Case: Household School Workplace Place of Worship Hospital Medical Office Social Setting Correctional Facility Long Term Care Facility Shelter Other (if other please specify): Date of last exposure to the case:	Priority: High Medium Low Symptoms: Yes No If yes, list:	Hx of Prior TB LTBI TB Disease Hx of Prior Treatment Completed Tx Partially treated Never treated Unknown	LTBI Test Used: TST IGRA Round 1: Date Tested: Result: mm if TST Pos. Neg. Indeterminate/ Borderline Round 2: Date Tested: Result: mm if TST Pos. Neg. Indeterminate/ Borderline	CXR Date: CXR Result: Normal Abnormal Cavitary Non. Cavitary	LTBI Tx Re If yes: Tx Date Tx St Date Tx St Tx Stop Re Comple Death Moved Active T	ted Therapy (follow-up unk B developed e effects of med o Stop follow-up	nown)
Contact Last Name:First Name: DOB:Race/Ethnicity: American Indian/AK Native Asian Black White Native HI/Pacific Islander Other Sex: Hispanic Not Hispanic Address: Contact Relationship to Case: Household School Workplace Place of Worship Hospital Medical Office Social Setting Correctional Facility Long Term Care Facility Shelter Other (if other please specify): Date of last exposure to the case:	Priority: High Medium Low Symptoms: Yes No If yes, list:	Hx of Prior TB LTBI TB Disease Hx of Prior Treatment Completed Tx Partially treated Never treated Unknown	LTBI Test Used: TST IGRA Round 1: Date Tested: Result: mm if TST Pos. Neg. Indeterminate/ Borderline Round 2: Date Tested: Result: mm if TST Pos. Neg. Indeterminate/ Borderline	CXR Date: CXR Result: Normal Abnormal Cavitary Non. Cavitary	LTBI Tx Re If yes: Tx Date Tx St Date Tx St Tx Stop Re Comple Death Moved Active T	ted Therapy (follow-up unk B developed e effects of med o Stop follow-up	nown)
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Sex: Hispanic Not Hispanic Address:	Symptoms: Yes No	☐ Completed Tx ☐ Partially treated ☐ Never treated	Result: mm if TST Pos. Neg. Indeterminate/ Borderline	☐ Abnormal ☐ Cavitary ☐ Non.	Date Tx Stopped: Tx Stop Reason: Completed Therapy Death
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