Interjurisdictional Tuberculosis Notification

Referring
Jurisdiction city _____ county _____ state _____ Date sent ____/____/____
Contact person _____ Phone ( ) _____ FAX ( ) _____

❒ Verified case State reporting to CDC: _____ RVCT# _____ (attach RVCT) ❒ Not reported _____
❒ Suspect case ❒ Close contact ❒ Reactor (LTBI) ❒ Convertor (LTBI) ❒ Source case investigation ❒ A/B Classified Immigrant

Patient name _____ Sex ❒ M ❒ F
Last First Middle

AKA _____

Date of birth ____/____/____ Interpreter needed? ❒ No ❒ Yes, specify language _____

New address _____
Number/Street/Apt.

_____
City/State/ZipCode

Hispanic ❒ No ❒ Yes
Race ❒ White ❒ Black ❒ Asian
❒ Am.Indian/Nat.Alaskan.
❒ Other: _____

New telephone ( ) _____ Date of expected arrival ____/____/____
New health provider ❒ Unknown ❒ Known (name, address, phone) _____
Emergency contact: Name _____ Phone ( ) _____
Relationship _____

Clinical information for ❒ this referred case/suspect ❒ index case for this contact ❒ not applicable

Date of Collection	Specimen type	Smear	Culture	Susceptibility	Chest X-ray	Other

Site(s) of disease: ❒ Pulmonary ❒ Other(s) specify all _____
Date 1st negative smear ____/____/____ ❒ Not yet Date 1st negative culture ____/____/____ ❒ Not yet
TB skin test #1:Date ____/____/____ Result ____mm TB skin test #2: Date ____/____/____ Result ____mm

Contact/LTBI Information **TB Skin test** ❒ Not Done
TST #1 Date ____/____/____ Result _____mm TST#2 Date ____/____/____ Result _____mm
CXR ❒ Not Done Date ____/____/____ ❒ Normal ❒ Other: _____
Last known exposure to index case ____/____/____ Place/intensity of exposure: _____

Medications ❒ this referred case/suspect ❒ this referred contact/LTBI

Drug	Dose	Start date	Stop date

Planned completion date ____/____/____
DOT ❒No ❒ Yes: start date ____/____/____
❒ Daily ❒ 1x W ❒ 2x W ❒ 3x W
Last DOT Date ____/____/____
Adherence problems/significant drug side effects:
_____
_____
_____

Patient given _____ days of medication

Comments _____

_____

_____

For non-Class 3/5 referrals indicate if: ❒ Follow-up requested ❒ No follow-up requested
NTCA 5-2002