Interjurisdictional Tuberculosis Notification

Referring Jurisdiction city _____ county _____ state _____ Date sent ____/____/____

Contact person _____ Phone ( ) _____ FAX ( ) _____

☐ Verified case→State where reported: _____ RVCT# _____ (attach RVCT) ☐Not reported _____

☐ Suspect case ☐Close contact ☐Reactor LTBI ☐Convertor ☐Source case investigation

Patient name _____ Sex ☐Male ☐Female
Last First Middle

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

New address _____ Hispanic ☐No ☐Yes
Number/Street/Apt. Race ☐ White ☐Black ☐Asian

_____ ☐Am.Indian/Nat.Alaskan.
City/State/ZipCode ☐Other: _____

New telephone ( ) _____ Date of expected arrival ____/____/____

New health provider: Unknown Known (name, address, phone) _____

Insurance source: None Medicaid Private Medicare Other _____

Emergency contact: Name _____ Phone _____

Laboratory information for this referred case/suspect index case for this contact not applicable

Date	Specimen type	Smear	Culture	Susceptibility	Chest X-ray	Other pertinent labs

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:

_____

_____

_____

Comments _____

_____

_____

Case Follow-Up In 30 days report to referring jurisdiction if located or not located and report final outcome.

Other Follow-Up Follow-up requested (form attached) No follow-up requeste