

Interjurisdictional Follow-up Form

30 day status: located not located

Return to:

Name _____	Fax number _____
Jurisdiction _____	Phone number _____

Patient name _____ Date of birth ____/____/____
Last First Middle

New address _____
Number Street/Apt. City State Zip Code

New telephone () _____ Sex: Male Female

Case: (Send RVCT F/U2 to reporting jurisdiction)

Completed: ____/____/____ Moved to: _____
city county state

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

Suspect:

- Verified by lab Verified by clinical
- Verified by provider Not verified
- Other: _____

If verified, and original jurisdiction submits RVCT, complete case outcome above.

Contact:

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

LTBI/Convertor:

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