

Interjurisdictional TB Notification Follow-up

- 30-day status: located
 Interim not located
 Final

Date Notification Received / /

Return follow-up form to:

Name _____		Fax number _____	
Address _____	City _____	State _____	Zip Code _____
Jurisdiction _____		Phone number _____	

Patient name _____ Date of birth / /
Last First M.I.

Sex Male Female

Case: Indicate reason therapy stopped and outcome date / /

Send F/U2 to reporting jurisdiction RVCT# _____

Completed

Moved to: address _____
city _____ county _____ state _____
Telephone () _____

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

Suspect/Source Case Finding:

Verified* by lab Verified* by clinical definition
 Verified* by provider diagnosis Not verified
 Other: _____

*If verified, and referring jurisdiction will submit the RVCT, complete **Case** outcome above

Contact (send local contact form, if follow-up performed):

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

LTBI/Convertors:

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

Comments: _____

Person completing form _____	Date completed <u> </u> / <u> </u> / <u> </u>
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