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 _____ Hispanic ☐ No ☐ Yes
Number/Street/Apt. Race ☐ White ☐ Black ☐ Asian
☐ Am.Indian/Nat.Alaskan.
_____ ☐ Other: _____
City/State/ZipCode

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 3-2002