MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

# TUBERCULOSIS WORKSHEET FOR CONTACTS OF
# NEWLY DIAGNOSED CASES OF TB

| DATE | COUNTY |
|---|---|

| TB INDEX CASE NAME | ADDRESS | DATE OF BIRTH (DOB) |
|---|---|---|

| NAME OF CONTACT IDENTIFIED | DOB | TYPE OF CONTACT * | MANTOUX OR IGRA TUBERCULIN TEST | | | | | | CHEST X-RAY | | TREATMENT | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PREVIOUS POSITIVE SKIN TEST (Y/N) | DATE OF PREVIOUS SKIN TEST | DATE OF INITIAL TEST | mm | DATE OF FOLLOW-UP TEST | mm | DATE | RESULTS ** | STARTED TX (Y/N) *** | WINDOW PROPHY **** | START DATE | STOP DATE | |
| 1. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 2. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 3. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 4. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 5. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 6. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |

\* High (H) Medium (M) Low (L)     *** Tx = Treatment
\*\* Normal (N) Abnormal (A)     **** WIndow Prophy = Window Propylaxis

MO 580-0838 (3-2020)                    **FOR MORE SPACE USE OTHER SIDE**                    TBC-13

# TUBERCULOSIS WORKSHEET FOR CONTACTS OF NEWLY DIAGNOSED CASES OF TB (PAGE 2)

| TB INDEX CASE NAME | ADDRESS | | DATE OF BIRTH (DOB) |
|---|---|---|---|

| NAME OF CONTACT IDENTIFIED | DOB | TYPE OF CONTACT * | MANTOUX OR IGRA TUBERCULIN TEST | | | | | | X-RAY | | TREATMENT | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PREVIOUS POSITIVE SKIN TEST (Y/N) | DATE OF PREVIOUS SKIN TEST | DATE OF INITIAL TEST | mm | DATE OF FOLLOW-UP TEST | mm | DATE | RESULTS ** | STARTED TX (Y/N) *** | WINDOW PROPHY **** | START DATE | STOP DATE | |
| 7. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 8. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 9. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 10. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 11. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 12. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 13. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |

* High (H) Medium (M) Low (L)  *** Tx = Treatment
** Normal (N) Abnormal (A)  **** WIndow Prophy = Window Propylaxis

# TUBERCULOSIS WORKSHEET FOR CONTACTS OF NEWLY DIAGNOSED CASES OF TB (PAGE 3)

| TB INDEX CASE NAME | ADDRESS | DATE OF BIRTH (DOB) |
|---|---|---|
| | | |

| NAME OF CONTACT IDENTIFIED | DOB | TYPE OF CONTACT * | MANTOUX OR IGRA TUBERCULIN TEST | | | | | | X-RAY | | TREATMENT | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PREVIOUS POSITIVE SKIN TEST (Y/N) | DATE OF PREVIOUS SKIN TEST | DATE OF INITIAL TEST | mm | DATE OF FOLLOW-UP TEST | mm | DATE | RESULTS ** | STARTED TX (Y/N) *** | WINDOW PROPHY **** | START DATE | STOP DATE | |
| 14. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 15. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 16. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 17. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 18. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 19. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |
| 20. NAME | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | |

\* High (H) Medium (M) Low (L)  \*\*\* Tx = Treatment
\*\* Normal (N) Abnormal (A)  \*\*\*\* WIndow Prophy = Window Propylaxis