

	SPUTUM SMEAR +	SPUTUM SMEAR - CULT. +
Number of Contacts		
Evaluated		
TB Disease		
Latent TB Infection		
Started Treatment		
Completed Treatment		

Reasons Treatment Not Completed:		
Death		
Contact Moved (follow-up unknown)		
Active TB Developed		
Adverse Effect of Medicine		
Contact Chose to Stop		
Contact is Lost to Follow-up		
Provider Decision		

NOTES _____

NAME (LAST, FIRST)		CASE NO.	DATE CASE ENTERED	COUNTY
<input type="checkbox"/> REPORTED AT TIME OF DEATH	DATE OF DEATH	INSTITUTION	INSTITUTIONALIZED PRIOR TO DIAGNOSIS	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		<input type="checkbox"/> PENAL <input type="checkbox"/> MENTAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE CLOSED	REASON CLOSED	<input type="checkbox"/> NURSING HOME		
		INSTITUTION NAME	INSTITUTION ADDRESS	

SITE			DATE OF DRUG RESISTANT CULTURE ▶
<input type="checkbox"/> PULMONARY <input type="checkbox"/> LYMPHATIC <input type="checkbox"/> GENITOURINARY <input type="checkbox"/> MENINGEAL <input type="checkbox"/> OTHER (SPECIFY)			RESISTANT TO WHAT DRUGS?
<input type="checkbox"/> PLEURAL <input type="checkbox"/> BONE &/OR JOINT <input type="checkbox"/> MILIARY <input type="checkbox"/> PERITONEAL _____			
SIGNIFICANT SITE(S) OTHER THAN PREDOMINANT SITE ▶			

Risk Factors: Additional Risk Factors:	LFT Results: Date: _____	Foreign Born: <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated	Date entered U.S.: _____
Record positive smears in red or highlight.	CXR Abnormalities	Speaks English: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Reads English: <input type="checkbox"/> YES <input type="checkbox"/> NO

SMEARS			CULTURES			X-RAYS			MEDICATION AND DOSAGE							
DATE	RESULT	LAB #	SPEC	RESULT	LAB	DATE	RESULT	WHERE?	DATE	INH	RIF	EMB	PZA	OTHER	COMPLIANCE	MED. EVAL

