Number of Con	tacts																
TB Disease																	
Latent TB Infec	tion																
Started T	reatme	nt															
Complete	ed Trea	tment															
Reasons Treat	tment N	Not Co	mplete	d:													
Death																	
Contact Moved	(follow	-up unl	known)														
Active TB Deve	eloped																
Adverse Effect	of Med	icine															
Contact Chose	to Stop	)															
Contact is Lost	to Follo	ow-up															
Provider Decisi	on																
NOTES																	
NAME (LAST, FIRST)									CASE	E NO.			DATE CAS	E ENT	ERED	COU	NTY
☐ REPORTED AT				OF DEATH		INSTITUTION ☐ MENTAL ☐ PENAL ☐ NURSING HO					INSTITUTIONALIZED PRIOR TO DIAGNOSIS  ME						
☐ PRIMARY ☐ SECONDARY  DATE CLOSED REASON CLOSED						INSTITUTION NAME						INSTITUTI	ON AD	DRESS			
SITE											1	DATE O	F DRUG R	ESIS	TANT CUL	TURE >	
☐ PULMONARY	☐ LYM	PHATIC		☐ GENI	ΓOURINA	RY 🗆	MENINGE	AL 🗆	ОТІ	HER (SPE			NT TO WHA				
				☐ MILIA			PERITONI	EAL									
SIGNIFICANT SITE	(S) OTH	ER THAN	N PREDO	MINANT SI													
Risk Factors:					LFIR	Results:						Foreign Born: YES NO					
Additional Risk	Factors	S:			Date: _					-							
□ Norm						☐ Normal ☐ Elevated						Date entered U.S.:					
						Abnormalities						Speaks English: 🗌 YES 🔲 NO					
														Г	7 ./50		_
Record positive	smear					V DAV	·o						English			□ N	<u> </u>
DATE RESULT	LAB#	SPEC	RESULT	LAB	DATE	X-RAY	S WHERE?	DATE	$\top$	INH	RIF	MEDICA	TION ANI		OTHER	COMPLIANCE	MED. EVAL
7.12	2.12 "	0. 20	1120021	2.0	57.1.2			57.11.2							0111211		W.E.D. E.V.E
									+								
4O 590-0930 (7-13)							TR PEGI	STED C	APP	1							TDC 15

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
						С	avitary -	- 1								
							ncavitary									
COMPLIANCE CODES 1. TAKING ALL MEDS. 2. OCCASIONALLY MISSES DOSES 4. TAKES ERRATICALLY 5. PROBABLY NOT TAKING MEDS. 7. DOT 6. NOT TAKING MEDICATION											DOT					

AGE	SEX	□ 4 W/UTE	DACE		DANIC	REPORTED BY (NAME OF PHYSICIAN, HOSPITAL, ETC.)					
		☐ 1. WHITE RACE ☐ 2. BLACK			☐ HISPANIC ☐ NON-HISPANIC		`	,	,		
DOB			PACIFIC ISLANDER	□ NOI	N-HISPAINIC	ADDRESS			PH	ONE NO.	
DOD		I '	INDIAN OR ALASKAN	I NIATIVE		ABBIILOO				SHE NO.	
DATIEN	IT'S AD	DRESS	INDIAN ON ALAONAN	N INAIIVE							
1.	II 3 AD	DRESS							DA		
										_	
2.									DA		
3.									DA	ГЕ	
4.									DA	ΓE	
MAN	TOUX:	POSITIVE _	mm	Date	PREVIOUS	SKIN TEST	PREVI	OUS DISEASE?	☐ YES	□ NO	
		☐ NEGATIVE _	mm	Date	TYPE		WHER	E REPORTED?			
IGRA	.:	POSITIVE									
		☐ NEGATIVE Type	Date				IF YES	S, INDICATE YEAR O	F PREVIOUS DIA	AGNOSIS	
							<b> </b>		<del>.</del>		
HIV		☐ POSITIVE Date	!				IF MOF	RE THAN ONE PREVI	OUS EPISODE CI	HECK HERE ▶ □	
		☐ NEGATIVE			DATE		+				
		☐ NOT DONE			57.112						
HOSPI	TALIZA	ΓΙΟΝ									
			HOSPITAL AND ADI	DRESS				ADMISSION	DISCHARGE	HOSPITAL NO.	
1.											
2.											
3.											
								I			