TUBERCULOSIS CONTACT INVESTIGATION FORM

Index Patient: 

Date of Birth: 

Name & Agency of person completing form: 

Information on the person exposed: 

Last Name: 

First Name: 

MI: 

Date of Birth: 

Sex: □ M □ F 

Occupation: 

Address: 

City: 

County: 

Zip Code: 

Day Phone: 

Evening Phone: 

Race: □ American Indian/Alaskan Native □ Asian □ Black/African American 

(mark all that apply) □ Native Hawaiian/Pacific Islander □ White □ Race not otherwise specified 

Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino □ Ethnicity not otherwise specified 

Type of Contact: □ Household □ Occupational □ Recreational 

□ Other (please specify) 

Length/Intensity of Contact __________ hours per day 

Last Contact with Active Case: __________/_________/_________ 

Status of Patient Notification: 

□ Notice mailed by Local health Department 

□ Notified by source case or other contact 

□ Notified by phone or in person by Local Health Department 

□ Reported self to local health department 

□ Notified by private MD 

□ Left jurisdiction, information forwarded 

□ Notified by phone or in person by private MD 

□ Left jurisdiction, new address unknown 

□ All attempts to notify were unsuccessful 

Evaluation By: 

□ Local Health Department □ Private Physician’s Office □ Other _________________________ □ No evaluation to date 

Evaluation Status: 

□ Evaluation completed 

□ Evaluation not initiated, no response by patient 

□ Evaluation not initiated, unable to locate 

□ Evaluation in progress 

□ Evaluation not initiated, patient refused 

□ No evaluation required for this disease 

Evaluation initiated, patient lost to follow up 

Infection/Disease Status: 

□ Infection confirmed 

□ Not infected/diseased to date 

□ Past positive infection/disease, no treatment history 

□ Disease confirmed 

□ Status can not be determined 

□ Past positive for infection/disease, treatment complete 

Prophylactic treatment or Post-exposure Prophylaxis Status (PT/PEP) 

□ No PT/PEP to date 

□ PT/PEP Rx’d, discontinued, child not infected 

□ PT/PEP Rx’d, patient died during treatment 

□ Not applicable 

□ PT/PEP Rx’d discontinued by physician 

□ PT/PEP Rx’d, patient moved during treatment 

□ PT/PEP completed 

□ PT/PEP Rx’d discontinued, pregnancy 

□ PT/PEP Rx’d, patient refused treatment 

□ PT/PEP Rx’d, treatment continues 

□ PT/PEP Rx’d, discontinued, adverse reaction to medications 

□ PT/PEP Rx’d, discontinued, patient non-compliant 

TB Skin Test Information 

Previously Documented Skin Test 

First TB Skin Test 

8-10 week follow up TB Skin Test 

Date Planted 

Date Read 

mm induration 

Comments: 

Revised 9/13/07