

# Individual Contact Form

| Contact Information  | Tests & Exposure   | Treatment                            |
|--|--|--------------------------------------|
| First:   | TST # 1 Date placed: _____                                   | Treatment plan:                      |
| Middle:  | Manufacturer: _____  | ___ INH ___ RIF ___ 3HP              |
| Last:  | Lot #: _____   | ___ Other _____                      |
| DOB: Age:  | Site: _____  | ___ Window prophylaxis               |
| Race:  | Placed by: _____   | Declined treatment: ___ Yes ___ No   |
| Gender:  | Read by: _____   | Date started: _____                  |
| Address:   | Date: _____ mm reading: _____                                | Date completed: _____                |
| Phone:   | IGRA date: _____ result: _____                               | If treatment not completed, why not: |
| County of Residence:   | TST # 2 Date placed: _____                                   | ___ Developed TB disease             |
| Country of Birth:  | Manufacturer: _____  | ___ Adverse reaction                 |
| If not U.S., date of entry:  | Lot #: _____   | ___ Died                             |
| Have you ever had a positive tuberculin skin test or a positive blood test for tuberculosis? | Site: _____  | ___ Patient stopped                  |
| Yes ___ No ___ If yes, date: _____   | Placed by: _____   | ___ Lost to follow-up                |
| Previous history of active tuberculosis:   | Read by: _____   | ___ Provider decision                |
| Yes ___ No ___ If yes, date: _____   | Date: _____ mm reading: _____                                | ___ Moved                            |
| Previous history of Latent Tuberculosis Infection (LTBI)                                     | IGRA date: _____ result: _____                               | Comments:                            |
| Yes ___ No ___ If yes, date: _____   | TST # 3 Date placed: _____                                   |                                      |
| Was treatment complete: Yes ___ No ___   | Manufacturer: _____  |                                      |
| Comments:  | Lot #: _____   |                                      |
|  | Site: _____  |                                      |
|  | Placed by: _____   |                                      |
|  | Read by: _____   |                                      |
|  | Date: _____ mm reading: _____                                |                                      |
|  | IGRA date: _____ result: _____                               |                                      |
|  | HIV: _____ Negative ___ Positive ___ Declined                |                                      |
|  | Date of HIV test: _____                                      |                                      |
| Date of symptom screening: _____   | Date of CXR: _____   |                                      |
| <b>Symptoms/Signs</b>  | CXR results: _____   |                                      |
| ___ Productive cough (>3 wks)  | Date identified as a contact: _____ Hours of exposure: _____ |                                      |
| ___ Hemoptysis ___ Fever/night sweats  | Exposure site name: _____                                    |                                      |
| ___ Appetite loss ___ Unexplained fatigue  | Priority level: ___ High ___ Medium ___ Low                  |                                      |
| ___ Shortness of breath ___ Chest pain   | Comments:  |                                      |
| ___ Unexplained weight Loss  |  |                                      |
| Source case NCEDSS#:   |  |                                      |
| _____  |  |                                      |