TB Contact Investigation Report

Date ___________________________ Submitted by ____ Agency ________________________________

Case Name ____ DOB __________________________________ County _________________________________

Name, address, & phone DOB _________________ Sex ☐ Male ☐ Female	**Contact Risk Factors:** ☐ household contact ☐ < 5 yrs old ☐ medical risk factor (eg. HIV) ______________ ☐ exposed during medical procedure ☐ exposed in congregate setting ☐ contact exceeds duration/environmental limits ☐ CXR consistent with prior TB ☐ 5-15 yrs old	**TB signs/ symptoms** ☐ Yes ☐ No Comments: **Previous Positive TB testing** ☐ Yes ☐ No Date __________ ☐ TST ________mm ☐ IGRA Result __________________	**1st test** Date ___________ ☐ TST _______mm ☐ IGRA Result _______________ **2nd test** Date ___________ ☐ TST _______mm ☐ IGRA Result ________________	**Chest x-ray** Date ________________ Result ___________________ _________________________ **LTBI Treatment** Meds____________________ Start Date ______________ End Date ______________	**Incomplete treatment due to:** ☐ Death ☐ Adverse Reaction ☐ Patient Decision ☐ Active TB diagnosis ☐ Lost to follow-up ☐ Moved but continued in new locale

Name, address, & phone DOB _________________ Sex ☐ Male ☐ Female	**Contact Risk Factors:** ☐ household contact ☐ < 5 yrs old ☐ medical risk factor (eg. HIV) ______________ ☐ exposed during medical procedure ☐ exposed in congregate setting ☐ contact exceeds duration/environmental limits ☐ CXR consistent with prior TB ☐ 5-15 yrs old	**TB signs/ symptoms** ☐ Yes ☐ No Comments: **Previous Positive TB testing** ☐ Yes ☐ No Date __________ ☐ TST ________mm ☐ IGRA Result __________________	**1st test** Date ___________ ☐ TST _______mm ☐ IGRA Result _______________ **2nd test** Date ___________ ☐ TST _______mm ☐ IGRA Result ________________	**Chest x-ray** Date ________________ Result ___________________ _________________________ **LTBI Treatment** Meds____________________ Start Date ______________ End Date ______________	**Incomplete treatment due to:** ☐ Death ☐ Adverse Reaction ☐ Patient Decision ☐ Active TB diagnosis ☐ Lost to follow-up ☐ Moved but continued in new locale

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