

# Tuberculosis Contact Investigation - Transfer Form

REFERRING LHD  
(LOCAL HEALTH DEPARTMENT)

Report and Date  
Initial \_\_\_/\_\_\_/\_\_\_  
Update \_\_\_/\_\_\_/\_\_\_  
Final \_\_\_/\_\_\_/\_\_\_

Referring Case Manager \_\_\_\_\_ State Case# \_\_\_\_\_ Local Case# \_\_\_\_\_

## CASE INFORMATION

Case Initials \_\_\_\_\_  
The following contacts are being referred to the LHD below:  
  
LHD \_\_\_\_\_  
  
Receiving Case Manager \_\_\_\_\_  
  
Date of referral \_\_\_/\_\_\_/\_\_\_

Case Disease Site  
 Pulmonary, Pleural, or Laryngeal  
 Other

Need for Contact Investigation (case characteristics)  
 High (sputum-smear pos and/or cavitory or laryngeal TB)  
 Med (sputum-smear neg, culture positive pulmonary or pleural TB)  
 Low (sputum-smear neg, culture negative pulmonary or pleural TB)  
 None (all others, pulmonary involvement ruled out, contact investigation not needed)

Case Infectious Period Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_  Pending

## CONTACT\* INFORMATION - TRANSFER

	Contact Risks		Symptoms	<8 week TST/QFT	≥ 8 week TST/QFT	CXR	LTBI Treatment	Final Status***
First Name _____ Last Name _____ Address _____ Phone _____ Date of Birth ___/___/___ Country of Birth _____ DOE ___/___/___ Date Last Exposed ___/___/___ or <input type="checkbox"/> ongoing	<b>High Risk of Infection</b> <input type="checkbox"/> Household <input type="checkbox"/> Age<5 <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> CXR c/w Inactive TB <input type="checkbox"/> Congregate Setting <input type="checkbox"/> Exceeds Exposure Limits <input type="checkbox"/> Other Medical Risk <input type="checkbox"/> Other _____	<b>Low Risk of Infection</b> <input type="checkbox"/> No risk <input type="checkbox"/> Other low risk _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	TST: ___/___/___ TST mm _____ QFT: ___/___/___ Result: _____ <input type="checkbox"/> Prior TST/QFT+ _____ <input type="checkbox"/> Prior TX _____	TST: ___/___/___ TST mm _____ QFT: ___/___/___ Result: _____ <input type="checkbox"/> Prior TST/QFT+ _____ <input type="checkbox"/> Prior TX _____	___/___/___ <input type="checkbox"/> Negative <input type="checkbox"/> Abnormal consistent with TB disease <input type="checkbox"/> Abnormal consistent with inactive TB	Date Started ___/___/___  Date Stopped ___/___/___  Regimen: <input type="checkbox"/> INH <input type="checkbox"/> Rif <input type="checkbox"/> Other _____	<input type="checkbox"/> Completed LTBI Tx <input type="checkbox"/> TB Disease <input type="checkbox"/> Died <input type="checkbox"/> Refused <input type="checkbox"/> Lost <input type="checkbox"/> Moved _____ <input type="checkbox"/> Adverse Rxn to Tx <input type="checkbox"/> Other Provider Decision _____
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\* A contact is a person whom the health department believes had significant exposure, and for whom enough identifying/contacting information is available.

\*\* Relative risk of infection depends on exposure and medical risk factors of the contact. For congregate setting exposures, contact the State for assistance in categorizing the contact's risk of infection.

\*\*\* Complete for contacts not fully evaluated or contacts starting treatment



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Case Initials \_\_\_\_\_ State Case# \_\_\_\_\_ Local Case# \_\_\_\_\_

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