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Chart #:_____

TN Department of Health: Tuberculosis Elimination Program
TB Index Case Record

Local Case #:_____

PTBMIS#:_____

Case/Suspect Information

Full Name (Last, First, MI):_____

Address:_____ _____

_____

Phone #:_____

Employment Status: ☐ Employed ☐ Unemployed ☐ Unknown

Demographic Information

DOB: ____/____/_____ **Age**:_____

Sex: ☐ Male ☐ Female

Race: ☐ W ☐ B ☐ A ☐ AI/AN ☐ NH/PI ☐ Unk

Ethnicity: ☐ H ☐ NH

Living Situation at Time of TB Diagnosis

☐ House/Apt ☐ Shelter ☐ Homeless

☐ Medical Facility ☐ Jail/Prison ☐ Nursing Home

☐ Other: _____

_____

Case Information

Infectious Period Start Date: _____/_____/_____

Infectious Period End Date: _____/_____/_____

Site of Disease: ☐ Pulmonary ☐ Pleural ☐ Laryngeal ☐ Extrapulmonary ☐ Not TB

Case Verification: ☐ Cult+ ☐ NAA+ ☐ Clinical ☐ PV

Pulmonary Rule Out Date: _____/_____/_____

Sputum AFB Smear: ☐ Pos ☐ Neg ☐ ND ☐ Unk

Sputum Culture: ☐ Pos ☐ Neg ☐ ND ☐ Unk

Other Source:_____

CXR Date: _____/_____/_____

CXR Result: ☐ Normal ☐ Abn/Cav ☐ Abn/NC ☐ Not Done

CT Date: _____/_____/_____

CT Result: ☐ Normal ☐ Abn/Cav ☐ Abn/NC ☐ Not Done

Index Case Risk of Transmission: ☐ High ☐ Med ☐ Low

Contact Investigation Information

Date Reported to HD: _____/_____/_____ **Home Visit Date:** _____/_____/_____

1st Interview Date: _____/_____/_____ **F/U Interview Date:** _____/_____/_____

CI Start Date: _____/_____/_____ **CI End Date:** _____/_____/_____

Interviewer:_____

Reason for Interview: ☐ Case ☐ Suspect ☐ Source Case (req'd for child <5 yrs)

Assigned Investigator:_____

Date Assigned to Investigator: _____/_____/_____

Investigator Initials: _____

Infectious Period Calculation

TB Symptoms	AFB sputum smear+	Cavitary CXR	Likely period of infectiousness
Y	N	N	3 mos. before symptom onset or 1st (+) finding consistent with TB, whichever is longer
Y	Y	N	3 mo. before symptom onset or 1 (+) finding consistent with TB, whichever is longer
N	N	N	4 wks before date of suspected diagnosis
N	Y	Y	3 mo. before positive finding consistent with TB

Review of Record

1. **County/Investigator Initials and Date:** _____ _____/_____/_____
2. **County/Investigator Initials and Date:** _____ _____/_____/_____

1. **TB Prgm. Mgr. Sign. & Date** _____ ____/____/_____
2. **TB Prgm. Mgr. Sign. & Date** _____ ____/____/_____

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Chart #:_____

TN Department of Health: Tuberculosis Elimination Program
TB Index Case Record

Local Case #:_____

PTBMIS#:_____

Site of Exposure

Type: ☐ Place or Location ☐ Transportation Vehicle

Name of Site: _____

Address (if applicable):_____

_____

Contact Person:_____

Contact Phone #: _____

Dates of Potential Exposure: Start Date:_____/_____/_____ End Date:_____/_____/_____

Was a Site Evaluation Conducted? ☐ Yes ☐ No

Date Site Evaluation Conducted: _____/_____/_____

Potential for Disease Transmission at this Site: ☐ High ☐ Medium ☐ Low

Documented Findings of Site Evaluation

Site of Exposure

Type: ☐ Place or Location ☐ Transportation Vehicle

Name of Site: _____

Address (if applicable):_____

_____

Contact Person:_____

Contact Phone #: _____

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Address (if applicable):_____

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Documented Findings of Site Evaluation

TN Department of Health: Tuberculosis Elimination Program
TB Index Case Record

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Local Case #:_____
PTBMIS#:_____

Notes Section: Please include any additional pertinent information to the investigation here (Include dates).

Date		Initials

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