Page: _____ of _____

Region: _____

TN Department of Health: Tuberculosis Elimination Program
TB Contact Record

Index PTBMIS #:_____

Index Chart #:_____

Index Case Initials: (First, Last):_____ Index Case City/County Case Number:_____ Infectious Period:____/____/____ to ____/____/____

Index Case Characteristics: ☐ AFB smear+ ☐ AFB smear-/culture+ ☐ AFB smear-/culture- ☐ Clinical ☐ PV ☐ Other ☐ Cavitary CXR ☐ Non-cavitary CXR

Contact Information:	Demographics:	Exposure & Relationship:		Risk:
Last, First, MI (Print ONLY)		**Listed as a Contact**	**Site**	**Exposure Risk:**
	DOB: / /	/ /	☐ Home	☐ H ☐ M ☐ L
	Age:	**First Exposed**	☐ Work	**HIV Testing:**
Address and Telephone	**Sex:** ☐ M ☐ F	/ /	☐ Leisure	☐ Pos ☐ Neg ☐ Ref ☐ Not Offered ☐ Unk
	Race: ☐ W ☐ B ☐ A ☐ AI/AN ☐ U ☐ NH/PI	**Last Exposed** / /	☐ Jail or prison ☐ Medical Facility	**Immunosuppressive therapy/condition?** ☐ Yes ☐ No ☐ Unk
		Relationship	☐ Other:	**Risk Factors for Progression Present?** ☐ Yes ☐ No ☐ Unk
	Ethnicity: ☐ H ☐ NH			
ID#				

Target Dates:	Testing:		CXR:	Evaluation and Diagnosis:
Date for TB Screening to be Completed	**TBI Test Used:**		**CXR Date:**	**Date of Medical Exam**
/ /	☐ TST ☐ IGRA		/ /	/ /
Date for Medical Evaluation to be Completed	**Round 1:**	**Round 2:**	**CXR Result:**	**Fully Evaluated**
/ /	TST: / /	TST: / /	☐ Normal	☐ Yes ☐ No
Refer to Contact Investigation Timelines to determine the timeframe for completion of the TB screening and medical evaluation for high, medium, and low priority contacts based on the characteristics of the index case they were exposed to.	mm	mm	☐ Abnormal/Cavitary	**Diagnosis:**
	IGRA: / /	IGRA: / /	☐ Abnormal/Non-cavitary	☐ Active TB
	☐ Positive ☐ Negative ☐ Indet/Borderline	☐ Positive ☐ Negative ☐ Indet/Borderline	☐ Abnormal not consistent with TB	☐ TBI ☐ No TB/TBI

Treatment Initiation and Completion:			
TBI Treatment Initiated?	**TBI Tx Start Date:**	**Was TBI Treatment Completed?**	**TBI Tx Completion Date:**
☐ Yes ☐ No	/ /	☐ Yes ☐ No	/ /
If no, why not?	**Regimen Started**	If no, why not?	
☐ Provider Decision ☐ Refused Evaluation	☐ INH	☐ Provider Decision ☐ PT Chose to Stop	**Regimen Completed**
☐ Lost ☐ Death	☐ RIF	☐ Lost ☐ Adverse Reaction	☐ INH
☐ Refused Treatment ☐ Patient Moved	☐ 3HP	☐ Active TB Developed ☐ Death	☐ RIF
☐ Already Treated ☐ No TBI	☐ RIPE	☐ PT Moved ☐ No TBI	☐ 3HP
☐ Other		☐ Other	☐ RIPE

Notes:

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