*[Replace this text with your organization’s identifier.]*

SCHOOL CONTACT ROSTER

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| Priority School Contacts | | | | | | | | | | | | | | | | | | | |
| Name  Last, First, M.I. | Date of Birth | Place Exposed | Hours Exposed | Priority  (H/M/L) | Consent Form Received | Previous TST /IGRA  Date | Previous TST  mm or IGRA result | 1st Sx Review  Date and outcome | Initial TST  Date | Initial TST  mm | Initial IGRA  Date | Initial IGRA  Result  (N/P/I) | 2nd Sx Review  Date and outcome | Follow-Up TST  Date | Follow-Up TST  mm | FU IGRA  DATE | FU IGRA  Result  (N/P/I) | CXR Result  (ND/ABN/ WNL) | Comments or Others |
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**Priority:** high (H) – high-risk or named contacts; medium (M) – classroom or other contacts; low (L) – no known contact or non-contacts

**IGRA Result:** positive (P); negative (N); indeterminate (I)

**CXR Result:** not done (ND); abnormal (ABN); within normal limits (WNL)