**TB CONTACT DATA COLLECTION FORM**

**Contact name**

First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_

**Priority for evaluation** High Medium Low

**TB Patient Name** (first and last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to the TB Patient**

Family Friend Co-worker

Roommate Acquaintance Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exposure Setting**

Household Hotel/Shelter  School Activity

School Classroom Work Friend / Community Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Contact Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TB Patient Infectious Period Start Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Infectious Period End Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age of contact**\_\_\_\_\_\_\_\_ **Gender of contact**: Male Male-to-Female Transgender

Female  Female-to-Male Transgender Unknown Other

**Ethnicity of contact**

Hispanic or Latino Not Hispanic or Latino Unknown

**Race of contact**

American Indian or Alaska Native Asian: Specify\_\_\_\_\_\_\_\_\_\_\_\_ Black or African American

Native Hawaiian or Pacific Islander: Specify\_\_\_\_\_\_\_\_\_\_\_\_ White Other  Unknown

**Country of Birth**  United States Outside of U.S.  
a. If outside U.S., which country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. If outside U.S., what month and year did student enter the U.S.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language**  English  Other: Specify \_\_\_\_\_\_\_\_\_\_\_\_  Interpreter needed

**TB symptoms?** Yes No Unknown

**Medical risk factors?** Yes No Unknown

**Address for the contact**

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_

**Phone number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School grade level**\_\_\_\_\_\_\_\_\_\_\_

**Indicate which locations the contact was exposed to or shared air with the infectious TB patient:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were there any after-school activities in which the contact was exposed to shared air with the infectious TB patient?** Yes No Unknown Specify: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On average, how many hours per week was the contact exposed to or shared air with the infectious TB patient?**

\_\_\_\_\_\_\_\_\_\_\_\_ hours

**Did the contact spend time with the infectious TB patient outside of school?** Yes No Unknown

**Prior TST Result**

Prior TST date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior TST induration size (mm)\_\_\_\_\_\_\_\_\_\_

Prior test result Positive Negative Not done Unknown

**Prior IGRA Result**

Prior IGRA date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior test result Positive Negative Indeterminate Not done Unknown

**TST Result 1**

Test 1 date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TST 1 induration size (mm)\_\_\_\_\_\_\_\_\_\_

Test 1 result Positive Negative Not done Unknown

**TST Result 2**

Test 2 date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TST 2 induration size (mm)\_\_\_\_\_\_\_\_\_\_

Test 2 result Positive Negative Not done Unknown

**IGRA Result 1**

IGRA date 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IGRA result 1 Positive Negative Indeterminate Not done Unknown

**IGRA Result 2**

IGRA date 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IGRA result 2 Positive Negative Indeterminate Not done Unknown

**IGRA or TST Converter?** Yes No Unknown

**Chest X-Ray Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chest X-Ray Result**

Normal Abnormal, cavitary Abnormal, non-cavitary Not done Unknown

**Evaluation Completed?** Yes No Unknown

**TB Classification**

TB 0 TB 1 TB 2 TB 3 TB 4 TB 5 Unknown

**Latent TB Treatment (LTBI)**

LTBI Treatment Indicated? Yes No Unknown

LTBI Treatment Started? Yes No Unknown

Treatment Regimen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treatment End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LTBI Treatment Status

On treatment Completed treatment Refused treatment

Rx stopped due to adverse reaction Lost to follow-up

Died Developed active TB Unknown

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Provider**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_