

INTERNATIONAL TUBERCULOSIS NOTIFICATION FORM

TO: *Health Officer, Physician, or Tuberculosis Control Personnel of:*

Country	Province	District	City or Village

The individual named below has **active tuberculosis** and was treated in the USA. He or she **has not completed treatment**. This form is to notify you so that treatment can be completed.

Tuberculosis Patient's Name: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

This patient informed us that he/she was going to the following location:

Patient's Address	
City or village	
District, Province	
Country	
Telephone if available	
e-mail address if available	
Contact person at this location	

If you have any questions, contact the following person who treated this patient in the United States:

Name	
Address	
City, State, Zip Code	
Phone, fax, email	

Date of diagnosis of current illness _____

This illness was a: **New episode of TB**
 (check one) **Treated for TB in the past, before the current episode**

If previously treated, describe the patient's prior history of tuberculosis and treatment.

Site(s) of disease: Pulmonary Extra-pulmonary (specify)_____

Initial and most recent laboratory and radiographic test results (microscopy, cultures, drug susceptibility test results, radiographs, and other critical lab tests) (use additional pages as needed)

Date	Test	Result

Current Medications (generic name), Dose, Frequency, Route of Administration, Start Date

Drug	Dose	Frequency	Route	Start Date

Treatment Plan. Our treatment plan for this patient is specified below. This may differ from TB treatment in your country. *Please insure this patient completes a full course of treatment.*

Drug	Dose	Frequency	Route	Start Date

Any Other Comments