

NAME OF PATIENT: _____	DATE OF BIRTH: _____
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SOURCE OF INFECTION:

- I. Did the case have known exposure to another person with active TB? Yes - answer a & b Below No - go to II
- a. Name of Potential Source Case: _____
 Address: _____ City: _____ State: _____ County: _____
 Relationship to Patient: _____
- b. Has the potential source case been reported to the local health department? Yes No Unknown
- II. Are any of the case's family, friends, or co-workers exhibiting symptoms of TB? Yes No If yes, please specify:

- III. Are any of the case's family, friends, or co-workers known recent skin test converters? Yes No Unknown

ASSESSMENT OF CASE'S INFECTIOUSNESS:

Check (x) each of the following that applies to this case:

Characteristics of Case	Risk of Transmission	Action Needed
<input type="checkbox"/> Laryngeal <input type="checkbox"/> Pulmonary smear positive <input type="checkbox"/> Pulmonary cavitory disease	Highly Infectious	Complete the remainder of the form to determine which contacts need to be skin tested.
<input type="checkbox"/> Pulmonary smear negative with no cavities <input type="checkbox"/> Extrapulmonary with draining skin lesions		
<input type="checkbox"/> Extrapulmonary with no draining skin lesions or pulmonary involvement	Not Infectious	

IDENTIFICATION OF POTENTIAL CONTACTS: *Close Contacts: Persons identified in this section should be included in the first circle of skin testing.*

In evaluating contacts consider air flow/ventilation, time spent with and proximity to case and type of activity spent with case. Persons identified as high risk, especially children, should be skin tested first.

- A. Where did case reside during infectious period (check all that apply):
- Single Family Dwelling
 - Apartment
 - Nursing Home
 - Jail/Prison
 - Shelter
 - Other (specify): _____

Specify name of facility, address, and dates of occupancy: _____

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B. Were any of the above heated/cooled with a forced air system? Yes No
 If yes, please explain: _____

- C. Are there case contacts in the following categories?
- a. Persons who share the same living space Yes No
 - b. Regular overnight visitors (adults and children) Yes No
 - c. Other persons sharing same forced air heating/cooling system Yes No

COMMENTS:

EMPLOYMENT: *Employment contacts should be considered for the first round of testing if the case is highly infectious or the amount of contact is comparable to a close contact. Otherwise, they should be included in the second round of skin tests if close contacts are skin test positive.*

General description of work activities:

Location of work: Outdoor Indoor: Works in one area Indoor: Works in more than one area

Describe indoor work setting:

Contacts Scheduled For:	No Contacts	1 st Round Skin Testing	Potential Subsequent Skin Testing	Comments
Persons who share a room on a regular basis in which case works				
Persons who share lunch, break, or other work time with case				
Person who share transportation				
Persons who share the same forced air ventilation				
Other				

NAME OF PATIENT: _____**DATE OF BIRTH:** _____**OTHER:**A. Was the case transported by an EMT? Yes No

1. If yes: Date: ____/____/____ Specify: _____

2. Was EMT notified? Yes NoB. Is the case enrolled in a school? Yes No

1. If yes, name of school: _____

2. How much time does the case spend in school per week? _____

C. Does the case attend Church on a regular basis? Yes No

1. If yes, name of church: _____

2. Does the case participate in church activities in small, closed space? Yes NoD. Does the case participate in group sport activities? Yes No

1. If yes, please specify: _____

E. Does the case participate in any other clubs or organizations? Yes No

1. If yes, please specify: _____

2. Name of groups: _____

F. Does the case spend time with relatives/friends outside the home? Yes No

1. If yes, number of hours per week: _____

G. Does the case spend significant amounts of leisure time outside the home? Yes No

1. If yes, number of hours per week: _____

2. Name of places: _____

H. Does the case drink alcohol? Yes No

1. If yes, number of hours per week: _____

2. Names of places: _____