



## Tuberculosis Contact Investigation Worksheet

Case Name: _____ Interviewer Name: _____	Submission to TB Control Program
CT Case Number: _____ Phone: _____	Round 1 Date: _____
Date of Birth: _____ Date of Interview: _____	Round 2 Date: _____
Site of Disease: _____ Symptom Onset Date: _____	

**CONTACT 1** Name: \_\_\_\_\_ Date last exposed: \_\_\_\_\_ Site of Exposure: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Step 1 – Screening:** Risk Factors:  > 5 years old  Immunocompromised  Symptomatic  Other risk factor

**If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.**

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ (≥5mm is positive for contacts, refer for CXR)	IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date drawn: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (refer for CXR)
Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ (≥5mm is positive for contacts, refer for CXR)	IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date drawn: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (refer for CXR)

**Step 2 – Imaging:** CXR/CT date: \_\_\_\_\_ Results:  Normal  Abnormal (collect 3 sputum)

**Step 3 – Treatment:**

LTBI (if specimen collected, wait for final culture)  Window Prophylaxis  Active TB Disease

Date started: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 Regimen:  INH \_\_\_\_\_ mg  RIF \_\_\_\_\_ mg  RPT + INH \_\_\_\_\_ mg  Other \_\_\_\_\_  
 Provider name & address: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTES:

**CONTACT 2** Name: \_\_\_\_\_ Date last exposed: \_\_\_\_\_ Site of Exposure: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Step 1 – Screening:** Risk Factors:  > 5 years old  Immunocompromised  Symptomatic  Other risk factor

**If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.**

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ (≥5mm is positive for contacts, refer for CXR)	IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date drawn: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (refer for CXR)
Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ (≥5mm is positive for contacts, refer for CXR)	IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date drawn: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (refer for CXR)

**Step 2 – Imaging:** CXR/CT date: \_\_\_\_\_ Results:  Normal  Abnormal (collect 3 sputum)

**Step 3 – Treatment:**

LTBI (if specimen collected, wait for final culture)  Window Prophylaxis  Active TB Disease

Date started: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 Regimen:  INH \_\_\_\_\_ mg  RIF \_\_\_\_\_ mg  RPT + INH \_\_\_\_\_ mg  Other \_\_\_\_\_  
 Provider name & address: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTES:



## Tuberculosis Contact Investigation Worksheet

<b>CASE NAME:</b> _____	<b>CT CASE NUMBER:</b> _____
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**CONTACT 3 Name:** \_\_\_\_\_ **Date last exposed:** \_\_\_\_\_ **Site of Exposure:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Step 1 – Screening:** Risk Factors:  > 5 years old    Immunocompromised    Symptomatic    Other risk factor

**If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.**

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date drawn: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive ( <i>refer for CXR</i> )
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Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date drawn: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive ( <i>refer for CXR</i> )
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**Step 2 – Imaging:** CXR/CT date: \_\_\_\_\_ Results:  Normal    Abnormal (*collect 3 sputum*)

**Step 3 – Treatment:**

LTBI (*if specimen collected, wait for final culture*)    Window Prophylaxis    Active TB Disease  
 Date started: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 Regimen:  INH \_\_\_\_\_ mg    RIF \_\_\_\_\_ mg    RPT + INH \_\_\_\_\_ mg    Other \_\_\_\_\_  
 Provider name & address: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTES:

**CONTACT 4 Name:** \_\_\_\_\_ **Date last exposed:** \_\_\_\_\_ **Site of Exposure:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Step 1 – Screening:** Risk Factors:  > 5 years old    Immunocompromised    Symptomatic    Other risk factor

**If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.**

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date drawn: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive ( <i>refer for CXR</i> )
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**Step 2 – Imaging:** CXR/CT date: \_\_\_\_\_ Results:  Normal    Abnormal (*collect 3 sputum*)

**Step 3 – Treatment:**

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 Date started: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 Regimen:  INH \_\_\_\_\_ mg    RIF \_\_\_\_\_ mg    RPT + INH \_\_\_\_\_ mg    Other \_\_\_\_\_  
 Provider name & address: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTES: