

## **Tuberculosis Contact Investigation Worksheet**

Case Name:	Interviewer Name:		
CT Case Number:	e Number: Interviewer Phone:		
Date of Birth:			
Site of Disease:			
Symptom Onset Date:	Round 1 Testing Results submitted:/		
	Round 2 Testing Results submitted://		
CONTACT 1: Name			
Gender Race Et	nnicity Date of Birth		
Country of Birth Date last exposed	l Place of Exposure		
	Phone		
Step 1 – Screening with TST or IGRA:	T.C. and a matter. T. Other title for the		
Risk Factors: □ < 5 years old □ Immunocompromised	screening, chest x-ray and assessment for window prophylaxis.		
	veeks after the date last exposed.***		
	•		
Test 1: TST read date:	Test 1: IGRA test: ☐ QuantiFERON (QFT) ☐ T-Spot		
(48-72 hours after plant) MM:	Date Drawn:		
(≥5mm is positive for contacts, refer for CXR)	Result: ☐ Negative ☐ Indeterminant ☐ Positive (refer for CXR)		
Test 2: TST read date:	Test 2: IGRA test: ☐ QuantiFERON (QFT) ☐ T-Spot		
(48-72 hours after plant) MM:	Date Drawn:		
(≥5mm is positive for contacts, refer for CXR)	Result: □ Negative □ Indeterminant □ Positive (refer for CXR)		
Step 2 – Imaging: CXR/CT date:	Results:   Normal  Abnormal (collect 3 sputum)		
Step 3 – Treatment:			
$\Box$ LTBI (if specimen collected, wait for final culture to	treat) ☐ Window Prophylaxis ☐ Active TB Disease		
Date started:			
Regimen:   INHmg    RIFmg    D	RFP + INHmg		
Provider name & address:NOTES:	Phone:		



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Case Name	CT Case Number
CONTACT 2: Name	
Gender Race	Ethnicity Date of Birth
Country of Birth Date last	exposed Place of Exposure
Address	Phone
	romised  Symptomatic  Other risk factor d include screening, chest x-ray and assessment for window prophylaxis. ur 8-10 weeks after the date last exposed.***
Test 1: TST read date:	Test 1: IGRA test: ☐ QuantiFERON (QFT) ☐ T-Spot
(48-72 hours after plant) MM:	Date Drawn:
(≥5mm is positive for contacts, refer for CXR)	Result: □ Negative □ Indeterminant □ Positive (refer for CXR)
Test 2: TST read date:	Test 2: IGRA test: ☐ QuantiFERON (QFT) ☐ T-Spot
(48-72 hours after plant) MM:	Date Drawn:
(≥5mm is positive for contacts, refer for CXR)	Result: ☐ Negative ☐ Indeterminant ☐ 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 cu  Date started:  Regimen: □ INHmg □ RIF	
Provider name & address:	Phone:



## **Tuberculosis Contact Investigation Worksheet**

Case Name			CT Case	Number	
CONTACT 3: Name					
Gender Race	Ethnicity			Date of Birth	
Country of Birth	Date last exposed		Plac	e of Exposure	
Address				Phone	
Step 1 – Screening with TST or IGRA:  Risk Factors: □ < 5 years old □ Immu  If any risk factor is identified, evaluat	ion should include screeni	ng, ches	st x-ray an	d assessment for window p	prophylaxis.
	ould occur 8-10 weeks a			<u> </u>	
Test 1: TST read date:	_ Te	est 1: IC	GRA test:	☐ QuantiFERON (QFT)	☐ T-Spot
(48-72 hours after plant) MM:	Da	ate Drav	wn:		
(≥5mm is positive for contacts, refer fo	or CXR)			ve Indeterminant e (refer for CXR)	
Test 2: TST read date:	_ Te	est 2: 10	GRA test:	☐ QuantiFERON (QFT)	☐ T-Spot
(48-72 hours after plant) MM:	Da	ate Drav	wn:		
(≥5mm is positive for contacts, refer fo	pr CXR) Re		_	ve Indeterminant e ( <i>refer for CXR</i> )	
Step 2 – Imaging: CXR/CT date:		Result	s: □ Nor	mal □ Abnormal ( <i>collec</i>	t 3 sputum)
Step 3 – Treatment: ☐ LTBI (if specimen collected, wait fo		Date c	ompleted	:	
Regimen: ☐ INHmg ☐ RIF	mg □ RFP + I	NH	n	ng 🗆 Other	
Provider name & address: NOTES:				Phone:	



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Case Name		CT Case Number
CONTACT 4: Name		
Gender Race	Ethnicity	Date of Birth
Country of Birth Dat	e last exposed	Place of Exposure
		Phone
		est x-ray and assessment for window prophylaxis.
Test 1: TST read date:		GRA test:   QuantiFERON (QFT)   T-Spot
(48-72 hours after plant) MM:(≥5mm is positive for contacts, refer for C.	Date Dra  XR) Result:	awn:
Test 2: TST read date:		☐ Positive (refer for CXR)  GRA test: ☐ QuantiFERON (QFT) ☐ T-Spot
(48-72 hours after plant) MM:	Date Dra	awn:
(≥5mm is positive for contacts, refer for C	•	☐ Negative ☐ Indeterminant ☐ Positive ( <i>refer for CXR</i> )
Step 2 – Imaging: CXR/CT date:	Resul	ts: □ Normal □ Abnormal ( <i>collect 3 sputum</i> )
Date started:	Date	☐ Window Prophylaxis ☐ Active TB Disease completed:mg ☐ Other
Provider name & address:		Phone:



## **Tuberculosis Contact Investigation Worksheet**

Case Name	CT Case Number
CONTACT 5: Name	
Gender Race	Ethnicity Date of Birth
Country of Birth Date last 6	exposed Place of Exposure
Address	Phone
	romised $\square$ Symptomatic $\square$ Other risk factor dinclude screening, chest x-ray and assessment for window prophylaxis.  In 8-10 weeks after the date last exposed.***
Test 1: TST read date:	Test 1: IGRA test: ☐ QuantiFERON (QFT) ☐ T-Spot
(48-72 hours after plant) MM:	Date Drawn:
(≥5mm is positive for contacts, refer for CXR)	Result: □ Negative □ Indeterminant □ Positive (refer for CXR)
Test 2: TST read date:	Test 2: IGRA test: ☐ QuantiFERON (QFT) ☐ T-Spot
(48-72 hours after plant) MM:	Date Drawn:
(≥5mm is positive for contacts, refer for CXR)	Result: ☐ Negative ☐ Indeterminant ☐ 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 cul  Date started:  Regimen: □ INHmg □ RIF	lture to treat) □ Window Prophylaxis □ Active TB Disease □ Date completed: □ Other □ Other
	Phone:



# **Tuberculosis Contact Investigation Worksheet**

Case Name		CT Case Number
<b>CONTACT 6:</b> Name		
Gender Race	Ethnicity	Date of Birth
Country of Birth Date last	exposed	Place of Exposure
Address		Phone
Step 1 – Screening with TST or IGRA:  Risk Factors: □ < 5 years old □ Immunocom  If any risk factor is identified, evaluation shoul		tomatic □ Other risk factor est x-ray and assessment for window prophylaxis.
		e date last exposed.***
Test 1: TST read date:	Test 1:	GRA test: ☐ QuantiFERON (QFT) ☐ T-Spot
(48-72 hours after plant):mm	Date Dra	awn:
(≥5mm is positive for contacts, refer for CXR)	Result:	☐ Negative ☐ Indeterminant ☐ Positive ( <i>refer for CXR</i> )
Test 2: TST read date:	Test 2:	GRA test: ☐ QuantiFERON (QFT) ☐ T-Spot
(48-72 hours after plant):mm	Date Dra	awn:
(≥5mm is positive for contacts, refer for CXR)	Result:	☐ Negative ☐ Indeterminant ☐ Positive (refer for CXR)
Step 2 – Imaging: CXR/CT date:	Resul	ts: ☐ Normal ☐ Abnormal (collect 3 sputum)
Step 3 – Treatment:  ☐ LTBI (if specimen collected, wait for final cu	ulture to treat) □ V	Vindow Prophylaxis ☐ Active TB Disease
Date started:mg □ RIF	Date _mg □ RFP + INH	completed:mg
Provider name & address: NOTES:		Phone: