

Tuberculosis Contact Investigation Worksheet

Case Name:	Interviewer Name:		Submission to TB Control Program	
CT Case Number:	umber: Phone:		ound 1 Date:	
Date of Birth:	Date of Interview:		Round 2 Date:	
Site of Disease:	Symptom Onset Date:			
CONTACT 1 Name:	Date last ex	<pre>kposed:Sit</pre>	e of Exposure:	
Address:	Pho	ne: Da	te of Birth:	
Step 1 – Screening: Risk Factors	: □ > 5 years old □ Immu	nocompromised 🛛 🗆 Symp	tomatic D Other risk factor	
If any risk factor is identified,	evaluation should include scr	eening, chest x-ray and asses	sment for window prophylaxis.	
Test 1: TST read date:		IGRA test: 🗆 QuantiFE	RON (QFT) 🛛 T-Spot	
(48-72 hours after plant) MN (<i>≥5mm is positive for o</i> Test 2: TST read date:	contacts, refer for CXR)	Date drawn: □ Negative □ Indeterminant □ Positive (<i>refer for CXR</i>) IGRA test: □ QuantiFERON (QFT) □ T-Spot		
(48-72 hours after plant) MN (≥5mm is positive for d	1: contacts, refer for CXR)		Date drawn: □ Negative □ Indeterminant □ Positive (<i>refer for CXR</i>)	
Step 2 – Imaging: CXR/CT date:		Results: 🗆 Normal 🗇 Abnormal (<i>collect 3 sputum</i>)		
Step 3 – Treatment:				
□ LTBI (if specimen collected,	wait for final culture) \Box			
Date started:		Date completed:		
			Other	
NOTES:		F	Phone:	
	Data last o	vpocod: Sit	o of Exposuro:	
			ed:Site of Exposure: Date of Birth:	
Step 1 – Screening: Risk Factors:				
	•		ssment for window prophylaxis.	
Test 1: TST read date:			RON (QFT) T-Spot	
(48-72 hours after plant) MN		Date drawn:		
	contacts, refer for CXR)	Negative Indeter	rminant	
(48-72 hours after plant) MM: (≥5mm is positive for contacts, refer for CXR)		Date drawn: □ Negative □ Indeterminant □ Positive (<i>refer for CXR</i>)		
Step 2 – Imaging: CXR/CT date:		Results: Normal Abnormal (collect 3 sputum)		
Step 3 – Treatment:				
□ LTBI (if specimen collected,	wait for final culture) \Box	Window Prophylaxis	Active TB Disease	
Date started:				
			Other	
Provider name & address: NOTES:		F	Phone:	



Tuberculosis Contact Investigation Worksheet

CASE NAME:	CT CASE NUMBER:			
CONTACT 3 Name:			Site of Exposure:	
Address:	Phone:		Date of Birth:	
Step 1 – Screening: Risk Factors:				
If any risk factor is identified, evaluation shou	uld include screenin	g, chest x-ray a	nd assessment for window prophylaxis.	
Test 1: TST read date:	I	IGRA test: 🗆 Q	uantiFERON (QFT) 🛛 T-Spot	
(48-72 hours after plant) MM:		Date drawn:		
(\geq 5mm is positive for contacts, refer f	for CXR)	□ Negative □	Indeterminant D Positive (refer for CXR)	
Test 2: TST read date:	I	IGRA test: 🗖 C	uantiFERON (QFT) 🛛 T-Spot	
(48-72 hours after plant) MM: (≥5mm is positive for contacts, refer for CXR)		Date drawn: □ Negative □ Indeterminant □ Positive (<i>refer for CXR</i>)		
Step 2 – Imaging: CXR/CT date:		Results: Dormal DAbnormal (collect 3 sputum)		
Step 3 – Treatment:				
□ LTBI (if specimen collected, wait for final c	culture) 🗆 Wine	dow Prophylax	is 🛛 Active TB Disease	
Date started:		Date complete	d:	
Regimen: 🗆 INHmg 🗆 RIF		NH	mg 🛛 Other	
Provider name & address:			Phone:	
NOTES:				
CONTACT 4 Name:				
Address:				
Step 1 – Screening: Risk Factors: □ > 5 years of		•		
If any risk factor is identified, evaluation shou				
Test 1: TST read date:		IGRA test: □ QuantiFERON (QFT) □ T-Spot		
(48-72 hours after plant) MM:				
$(\geq 5mm \text{ is positive for contacts, refer for CXR})$		□ Negative □ Indeterminant □ Positive (<i>refer for CXR</i>)		
Test 2: TST read date:			uantiFERON (QFT) 🛛 T-Spot	
(48-72 hours after plant) MM:				
$(\geq 5mm \text{ is positive for contacts, refer for CXR})$		□ Negative □ Indeterminant □ Positive (<i>refer for CXR</i>)		
Step 2 – Imaging: CXR/CT date:		Results: 🗆 No	rmal D Abnormal (<i>collect 3 sputum</i>)	
Step 3 – Treatment:				
□ LTBI (if specimen collected, wait for final c	-		is Active TB Disease	
Date started:			d:	
Regimen: 🗆 INHmg 🗆 RIFmg 🗆 RPT + INHmg 🗖 Other				
Provider name & address: NOTES:			Phone:	