# Tuberculosis Contact Investigation Form

**Case**

<table>
<thead>
<tr>
<th>Name: (last)</th>
<th>(first)</th>
<th>(MI)</th>
<th>(also known as)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td></td>
<td>Age:</td>
<td>RVCT:</td>
</tr>
</tbody>
</table>

**Morbidity Date:**

<table>
<thead>
<tr>
<th>County:</th>
<th>Comments:</th>
</tr>
</thead>
</table>

**Type:**
- Pulmonary
- Non Pulmonary
- CXR Results:  
  - Cavitary
  - Noncavitary

**Contact**

<table>
<thead>
<tr>
<th>Priority of exposed contact</th>
<th>Contact Investigation</th>
</tr>
</thead>
</table>

- Category 1: Smear positive or cavitary chest x-ray
- Category 2: Smear negative
- Category 3: Suspect case

**DOB:**

<table>
<thead>
<tr>
<th>Date of Interviewed:</th>
<th>Date of Evaluation:</th>
</tr>
</thead>
</table>

**Type:**
- Pulmonary
- Non Pulmonary
- CXR Results:  
  - Cavitary
  - Noncavitary

**Full Name of Contact**

**Date of Birth**

*Exposure category:*
- Household
- < 5 years
- Medical risk
- Medical exposure
- Cong Set
- Enviro limits
- < 5 – 15 years
- Medical exposure
- CXR Results

**TST Results/ QFT-G Results**

<table>
<thead>
<tr>
<th>Initial TST or QFT-G</th>
<th>8 – 10 week rest</th>
<th>Current Chest X-Ray</th>
<th>Treatment of LTBI</th>
<th>Completion Date or Discontinued Due to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Drug (s):</td>
<td>Normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TST mm:</td>
<td>QFT-G:</td>
<td>Abnormal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Completion Category**
- H= High
  - (1) = Follow-up needed
  - (1) = Positive
  - (C) = Completed treatment
  - (P) = Provider Discontinued Meds

- M= Medium
  - (2) = Follow-up not needed
  - (2) = Negative
  - (D) = Died during treatment
  - (R) = Refused to continue

- L= Low
  - (3) = Indeterminate
  - (3) = Lost
  - (L) = TB Disease Diagnosed

- (M) = Moved & Records Referred

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).