

CASE CONTACT ROSTER

INDEX CASE/SUSPECT INFORMATION: Name: _____

DOB: ___/___/_____

LIST OF CONTACTS TO THE INDEX CASE / SUSPECT																
Name	Address, Phone number	DOB	LHJ ¹	Re- lation to case	Country of Birth	Priority	Documented prior TST/IGRA If yes, Result	1 st TST/IGRA date	2 nd TST/IGRA date	CXR Result ²	LTBI/ Window Recom- mended	LTBI/ Window Start date End date	LTBI/ Window Rx Status ³	Final ATS Class ⁴	Comments	
		Age						Result	Result							
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				
		___/___/___				High Medium Low	Yes / No <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.	___/___/___ <input type="checkbox"/> <input type="checkbox"/> mm Pos / Neg / Indet.		Yes / No	___/___/___ ___/___/___				

¹LHJ: Indicate the local health jurisdiction conducting the contact investigation

²Code for CXR Result: 1 – Normal 2 – Abnormal, cavitory 3 – Abnormal, non-cavitory consistent with TB 4 – Abnormal, non-cavitory NOT consistent with TB

³Code for Rx Status: 1 - LTBI Treatment Complete 2 - Final TST negative, window prophylaxis ended 3 - Contact chose to stop 4 - Adverse Reaction-contact chose to stop 5 - MD chose to stop 6 - Adverse Reaction-MD advised to stop 7 - Contact moved (f/u unknown) 8 - Lost 9 - Died 10 - Active TB developed 11 - Other

⁴Code for Final ATS Class: 1-TB exposure, not infected 2-Latent TB infection (LTBI), no TB disease 3-Active TB disease 4-Old TB disease