

Interjurisdictional TB Notification Follow-up

- 30-day status: located
 Interim not located
 Final

Date Notification Received _____ / _____ / _____

Return follow-up form to:

Name _____ Fax number _____
Address _____ City _____ State _____ Zip Code _____
Jurisdiction _____ Phone number _____

Patient name _____ Date of birth _____ / _____ / _____
Last First M.I.

Sex Male Female

Case: Indicate reason therapy stopped and outcome date _____ / _____ / _____

Send F/U2 to reporting jurisdiction RVCT# _____

Completed

Moved to: address _____

city _____ county _____ state _____

Telephone () _____

Lost (after initially located)

Never located

Uncooperative or refused

Not TB

Died

Other: _____

Suspect/Source Case Finding:

Verified* by lab

Verified* by clinical definition

Verified* by provider diagnosis

Not verified

Other: _____

*If verified, and referring jurisdiction will submit the RVCT, complete **Case** outcome above

Contact (send local contact form, if follow-up performed):

No follow-up performed

Never located

Evaluated: Class II

Class III

Class IV

No infection

Started treatment

Continuing treatment

Completed treatment

Other: _____

LTBI/Convertors:

No follow-up performed

Never located

Started treatment

Continuing treatment

Completed treatment

Other: _____

Comments: _____

Person completing form _____ Date completed _____ / _____ / _____