TEMPLATE: Customize as needed

02/2021

# Tuberculosis Contact Evaluation Form

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| **Initial contact date:** \_\_\_\_\_\_\_\_\_\_ | [ ] **Tennessen Warning**  | **Interpreter needed:** [ ] No [ ] Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Demographic Information

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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Sex:** \_\_\_\_\_\_\_\_\_\_ | **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_[ ]  <5 y/o |
| **Street/City/ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Race:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] **Hispanic** |
| **Country of birth:**[ ] USA [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of arrival to USA:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Arrival city/county/state:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Exposure Information

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| **Setting:** [ ] Household [ ] Leisure [ ] Work [ ] School [ ] \_\_\_\_\_\_\_\_\_\_ |  **Priority:** [ ] High [ ] Med [ ] Low **Ring:** [ ] 1st [ ] 2nd [ ] \_\_\_\_ |
| **Relationship to index:** ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **Date of last exposure:** \_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_  |
| **Describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **8-week post-exposure date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

TB History

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| **Previous TST:** [ ] No [ ] Unk [ ] Positive [ ] Negative  | **Induration:** ­­­\_\_\_\_\_\_\_\_\_ mm | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Previous IGRA:**  ☐No ☐Unk [ ] Positive [ ] Negative [ ] Borderline [ ] Indeterminate | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Previous treatment for LTBI:**[ ] No [ ] Unk [ ] Yes: | **Therapy type:** [ ] INH [ ] RIF [ ] \_\_\_\_\_\_\_\_\_\_ | **Year:**\_\_\_\_\_\_\_\_\_\_\_ | **Tx duration:**\_\_­­\_\_\_\_\_ months | **Completed treatment:**[ ] No [ ] Yes [ ] Current |
| **Previous TB disease:** [ ] No [ ] Unk [ ] Yes: | **State/Country:**­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Year:**\_\_\_\_\_\_\_\_\_\_\_ | **Tx duration:**\_\_­­\_\_\_\_\_ months | **Completed treatment:**[ ] No [ ] Yes [ ] Current |
| **Above history provided by:** [ ]  Patient’s verbal report [ ]  Documentation or verification from screening facility |
| **Contacts with history of TB disease, or a positive TST or IGRA should NOT receive a TST or IGRA for the current evaluation. When possible, obtain documentation of previous testing, disease, and treatment.** |

Relevant Medical Information

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| **Primary provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Primary clinic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Live virus (e.g. MMR, Varicella) or COVID-19 vaccine in last 4 weeks:** [ ] No [ ] Yes: / / (If yes, see form instructions) |
| **Immunocompromised:**[ ] No [ ] Yes: | [ ]  HIV InfectionImmunosuppressive therapy: [ ]  TNF-alpha antagonists [ ]  For post-stem cell or solid organ transplant[ ]  Moderate or high dose corticosteroid (equivalent to prednisone ≥15 mg for 1 month or longer) |
| **Immunocompromised contacts must have a CXR and a medical evaluation to rule out active TB disease. Window period prophylaxis is strongly recommended. These recommendations also apply to contacts < 5 years of age.** |
| **Other risk factors:**[ ] No [ ] Yes: | [ ] Diabetes mellitus [ ] End Stage Renal Disease/Dialysis [ ] Tobacco use [ ] Chemotherapy[ ] IV drug use [ ] Gastrectomy or Jejunal bypass [ ] Malnutrition [ ] Silicosis  |
| **Contacts with other risk factors for progression to active TB disease do not need a CXR and medical evaluation****by risk factor alone. Prioritize for evaluation and LTBI treatment, if applicable.** |
| **Notes:** |

Initial TB Evaluation

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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  **< 5 years old** |  |

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| **TB symptom review date:** \_\_\_\_\_\_\_\_\_\_\_ | **TB Test** |
| *Mark “Yes” if no other explanation* | [ ]  **TST** | **Date placed:** \_\_\_\_\_\_\_\_\_\_ **Date read:** \_\_\_\_\_\_\_\_\_\_ [ ] Not Read |
| Cough (> 3 weeks) | [ ] No [ ] Yes |  | **Induration:** \_\_\_\_\_\_\_\_mm **Result:**  [ ] Negative [ ] Positive  |
| Fever/chills | [ ] No [ ] Yes |  |  |  |
| Weight loss | [ ] No [ ] Yes | [ ]  **IGRA** | **Date:** \_\_\_\_\_\_\_\_\_\_[ ] Negative [ ] Positive [ ] Borderline [ ] Indeterminate  |
| Hemoptysis | [ ] No [ ] Yes |  | *IGRA is preferred over TST for non US-born clients ≥ 2 years old* |
| Fatigue | [ ] No [ ] Yes | **Notes:** |
| Loss of appetite | [ ] No [ ] Yes |
| Chest pain | [ ] No [ ] Yes |
| Night sweats | [ ] No [ ] Yes |
| **Symptomatic contacts must have prompt CXR and medical evaluation.****These recommendations also apply to contacts with a positive TB test result during the current evaluation.** |

≥ 8-Week Post-Exposure TB Evaluation

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| [ ]  **Relevant Medical Information** rev’d | **TB Test** |
| **TB symptom review date:** \_\_\_\_\_\_\_\_\_\_\_ | [ ]  **TST** | **Date placed:** \_\_\_\_\_\_\_\_\_\_ **Date read:** \_\_\_\_\_\_\_\_\_\_ [ ] Not Read |
| *Mark “Yes” if no other explanation* |  | **Induration:** \_\_\_\_\_\_\_\_mm **Result:**  [ ] Negative [ ] Positive  |
| Cough (> 3 weeks) | [ ] No [ ] Yes |  |  |
| Fever/chills | [ ] No [ ] Yes | [ ]  **IGRA** | **Date:** \_\_\_\_\_\_\_\_\_\_[ ] Negative [ ] Positive [ ] Borderline [ ] Indeterminate |
| Weight loss | [ ] No [ ] Yes |  | *IGRA is preferred over TST for non US-born clients ≥ 2 years old* |
| Hemoptysis | [ ] No [ ] Yes | **Notes:** |
| Fatigue | [ ] No [ ] Yes |
| Loss of appetite | [ ] No [ ] Yes |
| Chest pain | [ ] No [ ] Yes |
| Night sweats | [ ] No [ ] Yes |
| **Symptomatic contacts must have prompt CXR and medical evaluation.****These recommendations also apply to contacts with a positive TB test result during the current evaluation.** |

Chest X-Ray & Medical Evaluation: < 5 Years Old | Immunocompromised | Symptomatic | Positive TB Test

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| **CXR date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Normal [ ] Abnormal, not consistent with active TB [ ] Abnormal, consistent with active TB |
| **Eval. date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Active TB disease r/o?** [ ] Yes [ ] No, CXR and/or eval not done [ ] No, provider could not rule out |

Final Outcome

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| --- | --- |
| [ ]  **Fully Evaluated:** | [ ] No TB infection or disease [ ] Previous positive TB test or disease [ ] New LTBI [ ] Active TB disease |
| [ ]  **Not Fully Evaluated:** | [ ] Inadequate locating information [ ] Notified, no response [ ]  Refused [ ] Failed appts. [ ] \_\_\_\_\_\_\_\_\_\_\_ |
| **Window-Period Prophylaxis**  [ ] Indicated, not started | **LTBI Treatment**  [ ] Indicated, not started |
| **Start date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Stop date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Start date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Stop date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] INH [ ] RIF [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] INH + RPT [ ] RIF [ ] INH [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reason dc’d:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Reason dc’d:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes:** |