Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First M.I. Last

# PASTE “C Label” HERE

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_ Health Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INDEX CASE** | CASE MANAGER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | BACTERIOLOGY (INITIAL) | Initial TST / BAMT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | **DOB:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| DATE OF INTERVIEW \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ **IINFECTIOUS PERIOD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Smear date: \_\_\_/\_\_\_\_/\_\_\_\_ | Result: \_\_\_\_ mm Neg: \_\_ Pos: \_\_ Ind: \_\_ B: \_\_ | MEDICAL RISK FACTORS? (LIST) |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Pos  Neg  Not done | Repeat TST / BAMT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **HIV TEST DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_** | Culture date: \_\_\_/\_\_\_/\_\_\_\_ | Result: \_\_\_\_ mm Neg: \_\_ Pos: \_\_ Ind: \_\_ B: \_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Pos  Neg  Not done | CXR Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Contact Name,**  **Address,**  **Home Phone / Other Phone** | **Contact Type** | SEX  RACE/ETH  DOB  **Age** | **Relation** | **PLACE** | **SYMPTOMS** | **Prior  (+) TST**  **or**  **(+) BAMT** | **prev rx**  **date**  \_\_\_\_\_\_\_\_\_\_  **rx**  **regimen** | **Date**  **BAMT  Report or**  **TST Read**  **Result** | Date F/U BAMT or  F/U TST Read  Result | CXR Date  RESULT  **HIV DATE**  RESULT | **Evaluation Completed** | **TB CLASS** | Started  TREATMENT  Date  **DISPOSITION** | TREATMENT  regimen  **List drug(s)** | **Reasons**  **Treatment**  **Stopped**  Date |
|  | Low-risk  Med risk  High-risk | M F  Code:  \_\_\_/\_\_\_/\_\_\_  Age: | Code | Code | Code | Y N  \_\_\_/\_\_\_/\_\_\_ | **Y N**  \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_  \_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_  Normal  Abnormal  Not Done  \_\_/\_\_\_/\_\_  Code:  \_\_\_\_\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_ | I  2  3  4  5  6  7 | Y N  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:  \_\_\_\_  \_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-risk  Med risk  High-risk | M F  Code:  \_\_\_/\_\_\_/\_\_\_  Age: | Code | Code | Code | Y N  \_\_\_/\_\_\_/\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_\_/\_\_\_  \_\_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_  \_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_  Normal  Abnormal  Not Done  \_\_\_/\_\_\_/\_\_  Code:  \_\_\_\_\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_ | I  2  3  4  5  6  7 | Y N  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:  \_\_\_\_  \_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-risk  Med risk  High-risk | M F  Code:  \_\_\_/\_\_\_/\_\_\_  Age: | Code | Code | **Code** | Y N  \_\_\_/\_\_\_/\_\_\_ | **Y N**  \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_/\_\_\_  \_\_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_  \_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_  Normal  Abnormal  Not Done    \_\_/\_\_\_/\_\_  Code:  \_\_\_\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_ | I  2  3  4  5  6  7 | Y N  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:  \_\_\_\_  \_\_\_/\_\_\_\_/\_\_\_ |

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| **RACE/ETHNICITY** | RELATION | PLACE | **SYMPTOMS** | **HIV RESULTS** | **TB CLASS** | **DISPOSITION** | **REASONS RX STOPPED** |
| 1 = Amer. Indian/Alaskan  2 = Asian (Specify)\_\_\_\_\_\_ | 1 = Spouse  2 = Child | H = Home  W = Work | 1 = Weight Loss  2 = Anorexia | 1 = Negative  2 = Positive | 1 = Exposure, no evidence of Latent TB infection (LTBI) | 1 = Disease  2 = Infected LTBI no treatment | 1 = Adverse drug reaction  2 = Completed |
| 3 = Black  4 = Native Hawaiian or | 3 = Sibling  4 = Coworker | L = Leisure | 3 = Cough  4 = Hemoptysis | 3 = Indeterminate  4 = Refused | 2 = New LTBI, no evidence of disease | 3 = Infected LTBI previously  4 = Infected LTBI treatment complete | 3 = Dead not from TB  4 = Dead from TB |
| Pacific Islander \_\_\_\_\_  5 = White | 5 = Friend  6 = Parent |  | 5 = Night Sweats  6 = Fatigue | 5 = Not offered  6 = Test done, results unk | 3 = Confirmed active TB  disease | 5 = Infected LTBI treatment started  6 = No Disease (infection undetermined) | 5 = Lost  6 = Stopped by clinician |
| A = Hispanic | 7 = Grandchild |  | 7 = Chest Pain | 7 = Unknown | 4 = Old TB disease | 7 = Not evaluated | 7 = Moved, follow-up unknown |
| B = Not Hispanic | 8 = Relative  9 = Partner  10 = Schoolmate  11 = Grandparent  12 = Institution  13 = Hospital  14 = Correction  15 = Associate |  | 8 = Fever / Chills  9 = Other (specify)  N = None  U = Unknown |  | 5 = Suspect  6 = Atypical  7 = Associate Investigation | 8 = Not infected no treatment  9 = Not infected treated  10 = Old disease | 8 = Not TB  9 = Completed not infected  10 = Refused to continue |

TB-2 (7/2022)

##### TB CONTACT INVESTIGATION ROSTER SUPPLEMENTAL PAGE \_\_\_\_\_

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First M.I. Last

# PASTE “C Label” HERE

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_ Health Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| INDEX CASE |  |

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| **Contact Name,**  **Address,**  **Home Phone / Other Phone** | **Contact Type** | SEX  RACE  DOB  **Age** | **Relation** | **PLACE** | **SYMPTOMS** | **Prior**  **(+) TST**  **or**  **(+) BAMT** | **PREV RX**  **DATE**  **RX**  **REGIMEN** | **Date**  **BAMT  Report or**  **TST Read**  **Result** | Date F/U BAMT or  F/U TST Read  Result | CXR Date  RESULT  **HIV DATE**  **RESULT** | Evaluation Completed | **TB CLASS** | Started  TREATMENT    Date  DISPOSITION | TREATMENT  regimen  **List drug(s)** | **REASONS**  **TREATMENT**  **STOPPED**  Date |
|  | Low-risk  Med risk  High-risk | M F  Code:  \_\_\_/\_\_\_/\_\_\_  Age: | Code | Code | Code | Y N  \_\_\_/\_\_\_/\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_ mm  \_\_\_\_\_\_  Converter?  Y N | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_\_  Normal  Abnormal  Not Done  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_ | I  2  3  4  5  6  7 | Y N  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:  \_\_\_\_  \_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-risk  Med risk  High-risk | M F  Code:  \_\_\_/\_\_\_/\_\_\_  Age: | Code | Code | **Code** | Y N  \_\_\_/\_\_\_/\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_ mm  \_\_\_\_\_\_  Converter?  Y N | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_\_  Normal  Abnormal  Not Done  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_ | I  2  3  4  5  6  7 | Y N  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_ | \_\_\_\_ mo. | Code:  \_\_\_\_  \_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-risk  Med risk  High-risk | M F  Code:  \_\_\_/\_\_\_/\_\_\_  Age: | Code | Code | **Code** | Y N  \_\_\_/\_\_\_/\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_ mm  \_\_\_\_\_\_  Converter?  Y N | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_ mm  Converter?  Y N | \_\_\_/\_\_\_/\_\_\_  Normal  Abnormal  Not Done  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_\_ | Y N  \_\_\_/\_\_\_/\_\_ | I  2  3  4  5  6  7 | Y N  \_\_\_/\_\_\_/\_\_\_  Code:  \_\_\_\_\_\_ | \_\_\_\_ mo. | Code:  \_\_\_\_  \_\_\_/\_\_\_\_/\_\_\_ |
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The TB-2, Contact Investigation Roster, was designed to collect information on contacts of cases of tuberculosis (TB). Please submit a preliminary TB-2 when conducting initial testing. Submit a final TB-2 when evaluations are complete. Mail to: Kentucky Department for Public Health, TB Prevention and Control Program, HS2E-B2, 275 E. Main, Frankfort, KY 40621; or, fax to 502 564-3772. Keep the original at the health department and remember to keep separate from any contact’s or patient’s chart.

**TB-2 (7/2022)**