TEMPLATE: Customize as needed

02/2021

# Tuberculosis Contact Evaluation Form

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

Demographic Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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 Infection  Immunosuppressive 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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **< 5 years old** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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

|  |  |  |  |
| --- | --- | --- | --- |
| **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

|  |
| --- |
| **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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** | | | | | |