Last Name F	irst Name		MI			
Patient Number				N.C. Department of Health and Human Services Division of Public Health		
Date of					Section • TB Control Program	
Birth	Month	Day	Year			
Race				Nursir	ng Record of	
Ethnicity: Hispanic or Latino Origin? ☐ Yes ☐ No ☐ Unl			nknown			
Gender □ Male □ Female						
County of Residence						
County Number				Date Case Reported to He	alth Department // /	
Contact To: ☐ Pulmonary TB ☐ Suspect, No			g □Not Done	Culture □Pos □Neg □Not	Done Specimen Source	
Contact Info	ormation			Tests & Exposure	Treatment	
Name:				Date placed:	- I	
			mm reading		3HP	
Gender:				GRA date: result: Other ST#2 Date placed: Declined treatment: yes		
DOB: Age:			mm reading:		Date started:	
Race:			IGRA date: result:		Date completed:	
Address:			TST # 3 Date placed:		If treatment not completed, why not: TB disease developed	
			mm reading: IGRA date: result:		adverse reaction	
Phone: County of Residence:				egposdeclined	died patient stopped	
County of Residence.			Date of HIV	/ test:	lost to follow-up provider decision	
Country of Birth:			Date of CX CXR result:	R:	provider decision moved	
If not U.S., date of entry:			_		Comments:	
Previous history of TB:yesno			Exposure s Hours of ex			
If yes, date:				fied as a contact:	-	
Previous history of LTBI:yesno				Priority level:HighMediumLow		
Date of TST/IGRA						
Was treatment completed:			1	nptom screen: tive Cough < 3 weeks	Hemoptysis	
				Appetite loss		
			'	ained fatigue	_Shortness of breath	
			Chest pain		Unexplained weight loss	
Contact Info	ormation			Tests & Exposure Treatment		
Name:			TST # 1 D)ate placed:	Treatment plan:INHRIF	
Gender:			IGRA date:		3HP	
DOB:	Age:		TST#2 D	Date placed:	Other	
Race:			mm reading	Date started:		
			IGRA date:	If treatment not completed, why not:		
Address:			mm reading	Date placed: g:	TB disease developedadverse reaction	
Phone:	Phone:			IGRA date: result:died		
County of Residence:			HIV:negposdeclined Date of HIV test:		patient stopped lost to follow-up	
Country of Birth:				provider decision R: moved		
If not U.S., date of entry:			CXR result:	ult:		
			Exposure s Hours of ex		Commond.	
Previous history of TB:yesno			_	Date identified as a contact:		
If yes, date:			Priority leve	el:		
Previous history of LTBI:y			ngn	MediumLow		
Date of TST/IGRA				nptom screen:		
Was treatment completed:	yesno			tive Cough < 3 weeks ight sweats	_Hemoptysis _Appetite loss	
			Unexpla	ained fatigue	_Shortness of breath	
1			Chest n	· ·	I Inevalained weight loss	

Contact Information	Tests & Exposure	Treatment	
Name:	TST # 1 Date placed: mm reading:	Treatment plan:INHRIF3HP	
Gender:	IGRA date: result:	Other	
DOB: Age:	TST # 2 Date placed: mm reading:	Declined treatment:yesno Date started: Date completed:	
Race:	IGRA date: result:	If treatment not completed, why not:	
Address:	TST # 3 Date placed: mm reading:	TB disease developedadverse reaction	
Phone:	IGRA date: result:	died patient stopped	
County of Residence:	HIV:negposdeclined Date of HIV test:	iost to follow-upprovider decisionmoved	
Country of Birth: If not U.S., date of entry:	Date of CXR:CXR result:		
Previous history of TB:yesno	Exposure site name: Hours of exposure:	Comments:	
If yes, date: Previous history of LTBI:yesno Date of TST/IGRAMM reading:	Date identified as a contact: Priority level:HighMediumLow		
Was treatment completed:yesno	Fever/night sweatsUnexplained fatigue	Hemoptysis Appetite loss Shortness of breath Unexplained weight loss	
Contact Information	Tests & Exposure	Treatment	
Name:	TST # 1 Date placed: mm reading:	Treatment plan:INHRIF	
Name: Gender:		Treatment plan:INHRIF3HPOther	
	mm reading: IGRA date: result: TST # 2 Date placed:	3HPOther Declined treatment:yesno	
Gender:	mm reading: IGRA date: result:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not:	
Gender: DOB: Age:	mm reading: IGRA date: result: TST # 2 Date placed: mm reading: IGRA date: result: TST # 3 Date placed:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not:TB disease developedadverse reaction	
Gender: DOB: Age: Race:	mm reading: IGRA date: result: TST # 2 Date placed: mm reading: IGRA date: result:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not: TB disease developed adverse reaction died patient stopped	
Gender: DOB: Age: Race: Address:	mm reading: IGRA date: result: TST # 2 Date placed: mm reading: IGRA date: result: TST # 3 Date placed: mm reading:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not:TB disease developedadverse reactiondied	
Gender: DOB: Age: Race: Address: Phone:	mm reading: IGRA date: result: TST # 2 Date placed: mm reading: IGRA date: result: TST # 3 Date placed: mm reading: IGRA date: result: HIV:negposdeclined Date of HIV test: Date of CXR:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not:TB disease developedadverse reactiondiedpatient stoppedlost to follow-upprovider decision	
Gender: DOB: Age: Race: Address: Phone: County of Residence:	mm reading: IGRA date: result: TST # 2 Date placed: mm reading: IGRA date: result: TST # 3 Date placed: mm reading: IGRA date: result: HIV:negposdeclined Date of HIV test:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not:TB disease developedadverse reactiondiedpatient stoppedlost to follow-upprovider decision	
Gender: DOB: Age: Race: Address: Phone: County of Residence: Country of Birth:	mm reading: IGRA date: result: TST # 2 Date placed: mm reading: IGRA date: result: TST # 3 Date placed: mm reading: IGRA date: result: HIV:negposdeclined Date of HIV test: Date of CXR: CXR result:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not: TB disease developed adverse reaction died patient stopped lost to follow-up provider decision moved	
Gender: DOB: Age: Race: Address: Phone: County of Residence: Country of Birth: If not U.S., date of entry: Previous history of TB:yesno If yes, date: Previous history of LTBI:yesno	mm reading: IGRA date: result: TST # 2 Date placed: mm reading: IGRA date: result: TST # 3 Date placed: mm reading: IGRA date: result: HIV:negposdeclined Date of HIV test: Date of CXR: CXR result: Exposure site name: Hours of exposure:	3HPOther Declined treatment:yesno Date started: Date completed: If treatment not completed, why not: TB disease developed adverse reaction died patient stopped lost to follow-up provider decision moved	
Gender: DOB: Age: Race: Address: Phone: County of Residence: Country of Birth: If not U.S., date of entry: Previous history of TB:yesno If yes, date:	mm reading: IGRA date: result: TST # 2 Date placed:	3HPOther	
Gender: DOB: Age: Race: Address: Phone: County of Residence: Country of Birth: If not U.S., date of entry: Previous history of TB:yesno If yes, date: Previous history of LTBI:yesno Date of TST/IGRAMM reading:	mm reading: IGRA date: result: TST # 2 Date placed:		
Gender: DOB: Age: Race: Address: Phone: County of Residence: Country of Birth: If not U.S., date of entry: Previous history of TB:yesno If yes, date: Previous history of LTBI:yesno Date of TST/IGRAMM reading:	mm reading: IGRA date: result: TST # 2 Date placed:		
Gender: DOB: Age: Race: Address: Phone: County of Residence: Country of Birth: If not U.S., date of entry: Previous history of TB:yesno If yes, date: Previous history of LTBI:yesno Date of TST/IGRAMM reading:	mm reading: IGRA date: result: TST # 2 Date placed:		