Last Name First 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	Ye	ar	- "	ű
	Worth	Day		<u> </u>	Nureir	ng Record of
Race	. =					
Ethnicity: Hispanic or Latino Origin?				Tubercu		losis Contacts
Gender □ Male □ Female						
County of Residence					Data Casa Banartad ta Ha	alth Danartmant
County Number						alth Department ////////////////////////////////////
Contact To: ☐ Pulmonary TB Cas ☐ Suspect, Not TB			Neg □N	lot Done	Culture □Pos □Neg □Not	Done Specimen Source
Contact Information					Tests & Exposure	Treatment
Name:					ate placed:	Treatment plan:INHRIF
				n reading		3HP
Gender:					result:	Other
DOB: Age:				ı#2 D n reading	ate placed:	Declined treatment:yesno Date started:
Race:					result:	Date completed:
Address:			TS	T#3 D	ate placed:	If treatment not completed, why not:TB disease developed
Address:				mm reading:		adverse reaction
Phone:				IGRA date: result:		died patient stopped
County of Residence:	County of Residence:			/: <u></u> n te of HIV	egposdeclined test:	lost to follow-up
Country of Birth:			Da	te of CXI	₹:	provider decision moved
If not U.S., date of entry:			СХ	R result:		
				posure si urs of ex	ite name:	Comments:
Previous history of TB:yes _					ied as a contact:	_
If yes, date:			Pri	ority leve	ıl:	
Previous history of LTBI:yes Date of TST/IGRAMM			_	_High _	MediumLow	
Was treatment completed:y				•	nptom screen:	
was treatment completedy	<u></u>	,		_	_	_Hemoptysis
					ight sweats ained fatigue	_Appetite loss Shortness of breath
				_Chest p		Unexplained weight loss
Contact Inform	nation				Tests & Exposure	Treatment
Name:	iation		TS	TST#1 Date placed:		Treatment plan:INHRIF
				n reading		3HP
Gender:					result:	Other
DOB:	Age:		TS	TST # 2 Date placed: mm reading:		Declined treatment:yesno
Race:				IGRA date: result:		Date started: Date completed:
Address:			TS	T#3 D	ate placed:	If treatment not completed, why not:TB disease developed
Phone:			mn	n reading	j :	adverse reaction
					result:	died patient stopped
County of Residence:			Da	te of HIV	egposdeclined test:	lost to follow-up
Country of Birth:			Da	te of CXI	₹:	provider decision moved
If not U.S., date of entry:			-	R result:		Comments:
				posure si urs of ex	ite name: posure:	Commond.
Previous history of TB:yes _					ied as a contact:	
If yes, date:		_	Pri	ority leve	d:	
Previous history of LTBI:yes			-	_rign _	MediumLow	
Date of TST/IGRAMM	reading: _		Da	te of sym	nptom screen:	
Was treatment completed:yesno					ipterii eereeri:	
· —	esn)	l	_Product	ive Cough < 3 weeks	_Hemoptysis
,	esn)		_Product _Fever/n	ive Cough < 3 weeks	_Hemoptysis _Appetite loss Shortness of breath

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:		