Sample Contact Investigation Form

1. INDEX PT. IDENTIFYING INFORMATION

NAME (Last) (First) (MI)

DOB | Sex | Race

Address (Street) (Apt)

(City) (Zip) (Phone)

Living Situation ☐ Apt ☐ Street ☐ Shelter ☐ House ☐ Nursing Home ☐ Other: _____

SOURCE CASE FINDING ONLY ALSO COMPLETE SEC. 1

☐ Reactor ☐ Converter

PPD Date: _____ Result: _____ mm

X-Ray Date: _____

☐ Normal ☐ Abnormal

2. INDEX MEDICAL INFORMATION

Site of Disease: ☐ Pulmonary ☐ Other _____

Symptoms: Date Onset: _____

Cough: ☐ Yes ☐ No Sputum: ☐ Yes ☐ No

Chest X-Ray: Date: _____

☐ Normal ☐ Cav. ☐ Non-Cav.

TB Meds: ☐ Yes ☐ No

Date: _____ Specify _____

Bacterlology

☐ Sputum ☐ Other _____

Smear: Date _____

☐ Pos ☐ Neg ☐ Pending ☐ Not Done

Culture Date _____

☐ M. TB ☐ Neg ☐ Pending ☐ Not Done

Resistant to: _____

3. EMPLOYMENT/SCHOOL/GROUP LIVING

Name of Facility

Address (Street)

(City) (Zip) (Phone)

Contact Person

Title

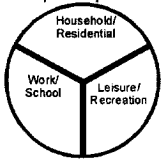
4. ASSESSMENT OF RISK

☐ Higher risk to transmit TB

☐ Lower risk to transmit TB

5. COMMENTS

Inquire about contacts in 3 different places where patient spends time



TUBERCULOSIS CONTROL CONTACT INVESTIGATION REPORT

Date of Interview: _____

Interviewer: _____

Telephone: _____

Health District: _____

FULL NAME OF CONTACT/ASSOCIATE Last / First	DOB OR AGE	PLACE Home	PLACE Work	PLACE Other	RISK High	RISK Low	ADDRESS AND TELEPHONE No. and Street / City and Phone	RELA-TIONSHIP	PPD Initial	PPD Retest	CHEST X-RAY	TREATMENT FOR LTBI	COMMENTS
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	
									Date / mm	Date / mm	Date: ☐ Normal ☐ Abnormal	☐ Yes Date: Drug: ☐ No Reason:	

Figure 6.4 Sample of a contact investigation form, adapted from the County of Los Angeles.