TB CONTACT INVESTIGATION FORM

Name of index case: _____ DOC# _____ Index case is: ❑ Inmate ❑ Employee
Date isolation began / ended: _____/_____ Onset date of infectious period: _____

Name	DOB/Age	Sex	Race	Facility	Contact Type			Initial TST Date Result	12 wk TST Date Result	X-ray Date Result	Treatment LTBI TB Disease Date Drugs Started
					Inmate	Staff	Non-DOC				
								_____MM	_____MM		
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