Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First M.I. Last

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SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_ Health Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INDEX CASE** | CASE MANAGER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | BACTERIOLOGY (INITIAL) | Initial TST / BAMT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | **DOB:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| DATE OF INTERVIEW \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ **IINFECTIOUS PERIOD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Smear date: \_\_\_/\_\_\_\_/\_\_\_\_  | Result: \_\_\_\_ mm Neg: \_\_ Pos: \_\_ Ind: \_\_ B: \_\_ | MEDICAL RISK FACTORS? (LIST) |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Pos [ ]  Neg [ ]  Not done [ ]  | Repeat TST / BAMT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **HIV TEST DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_** | Culture date: \_\_\_/\_\_\_/\_\_\_\_ | Result: \_\_\_\_ mm Neg: \_\_ Pos: \_\_ Ind: \_\_ B: \_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Pos [ ]  Neg [ ]  Not done [ ]  | CXR Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Contact Name,** **Address,****Home Phone / Other Phone**  | **Contact Type** | SEXRACE/ETHDOB**Age** | **Relation** | **PLACE**  | **SYMPTOMS** | **Prior (+) TST****or****(+) BAMT** | **prev rx****date**\_\_\_\_\_\_\_\_\_\_**rx****regimen** | **Date****BAMT Report or****TST Read****Result** | Date F/UBAMT orF/U TST ReadResult | CXR DateRESULT**HIV DATE**RESULT | **Evaluation Completed** | **TB CLASS** | StartedTREATMENT Date**DISPOSITION** | TREATMENTregimen**List drug(s)** | **Reasons****Treatment****Stopped**Date |
|  | Low-riskMed riskHigh-risk | M FCode:\_\_\_/\_\_\_/\_\_\_Age: | Code | Code | Code | Y N\_\_\_/\_\_\_/\_\_\_ | **Y N**\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_ NormalAbnormal Not Done \_\_/\_\_\_/\_\_Code:\_\_\_\_\_\_\_ | Y N\_\_\_/\_\_\_/\_\_ | I234567 | Y N\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-riskMed riskHigh-risk | M FCode:\_\_\_/\_\_\_/\_\_\_Age: | Code | Code | Code | Y N\_\_\_/\_\_\_/\_\_\_ | Y N \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_\_/\_\_\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_ NormalAbnormal Not Done \_\_\_/\_\_\_/\_\_Code:\_\_\_\_\_\_\_ | Y N\_\_\_/\_\_\_/\_\_ | I234567 | Y N\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-riskMed riskHigh-risk | M FCode:\_\_\_/\_\_\_/\_\_\_Age: | Code | Code | **Code** | Y N\_\_\_/\_\_\_/\_\_\_ | **Y N** \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_/\_\_\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_ NormalAbnormalNot Done \_\_/\_\_\_/\_\_Code:\_\_\_\_\_\_ | Y N\_\_\_/\_\_\_/\_\_ | I234567 | Y N\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_ |

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| **RACE/ETHNICITY** | RELATION | PLACE | **SYMPTOMS** | **HIV RESULTS** | **TB CLASS** | **DISPOSITION**  | **REASONS RX STOPPED** |
| 1 = Amer. Indian/Alaskan2 = Asian (Specify)\_\_\_\_\_\_  | 1 = Spouse2 = Child | H = HomeW = Work | 1 = Weight Loss2 = Anorexia | 1 = Negative2 = Positive | 1 = Exposure, no evidence of Latent TB infection (LTBI) | 1 = Disease2 = Infected LTBI no treatment | 1 = Adverse drug reaction2 = Completed |
| 3 = Black4 = Native Hawaiian or | 3 = Sibling4 = Coworker | L = Leisure | 3 = Cough4 = Hemoptysis | 3 = Indeterminate4 = Refused | 2 = New LTBI, no evidence of disease | 3 = Infected LTBI previously4 = Infected LTBI treatment complete | 3 = Dead not from TB4 = Dead from TB |
|  Pacific Islander \_\_\_\_\_5 = White | 5 = Friend6 = Parent |  | 5 = Night Sweats 6 = Fatigue | 5 = Not offered6 = Test done, results unk | 3 = Confirmed active TB  disease | 5 = Infected LTBI treatment started6 = No Disease (infection undetermined) | 5 = Lost6 = Stopped by clinician |
| A = Hispanic | 7 = Grandchild |  | 7 = Chest Pain | 7 = Unknown | 4 = Old TB disease | 7 = Not evaluated | 7 = Moved, follow-up unknown |
| B = Not Hispanic | 8 = Relative9 = Partner10 = Schoolmate11 = Grandparent12 = Institution13 = Hospital 14 = Correction 15 = Associate |  | 8 = Fever / Chills9 = Other (specify)N = NoneU = Unknown |  | 5 = Suspect 6 = Atypical7 = Associate Investigation | 8 = Not infected no treatment9 = Not infected treated10 = Old disease | 8 = Not TB9 = Completed not infected10 = Refused to continue  |

TB-2 (7/2022)

##### TB CONTACT INVESTIGATION ROSTER SUPPLEMENTAL PAGE \_\_\_\_\_

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First M.I. Last

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SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_ Health Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| INDEX CASE |   |

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| **Contact Name,** **Address,****Home Phone / Other Phone**  | **Contact Type** | SEXRACEDOB**Age** | **Relation** | **PLACE**  | **SYMPTOMS** | **Prior** **(+) TST****or****(+) BAMT** | **PREV RX****DATE****RX****REGIMEN** | **Date****BAMT Report or****TST Read****Result** | Date F/UBAMT orF/U TST ReadResult | CXR DateRESULT**HIV DATE****RESULT** | Evaluation Completed | **TB CLASS** | StartedTREATMENT DateDISPOSITION | TREATMENTregimen**List drug(s)** | **REASONS****TREATMENT****STOPPED**Date |
|  | Low-riskMed riskHigh-risk | M FCode:\_\_\_/\_\_\_/\_\_\_Age: | Code | Code | Code | Y N\_\_\_/\_\_\_/\_\_\_ | Y N\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ mm\_\_\_\_\_\_Converter?Y N | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_\_NormalAbnormalNot Done\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_ | Y N\_\_\_/\_\_\_/\_\_ | I234567 | Y N\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-riskMed riskHigh-risk | M FCode:\_\_\_/\_\_\_/\_\_\_Age: | Code | Code | **Code** | Y N\_\_\_/\_\_\_/\_\_\_ | Y N\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ mm\_\_\_\_\_\_Converter?Y N | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_\_NormalAbnormalNot Done\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_\_ | Y N\_\_\_/\_\_\_/\_\_ | I234567 | Y N\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-riskMed riskHigh-risk | M FCode:\_\_\_/\_\_\_/\_\_\_Age: | Code | Code | **Code** | Y N\_\_\_/\_\_\_/\_\_\_ | Y N\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ mm\_\_\_\_\_\_Converter?Y N | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_\_NormalAbnormalNot Done\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_\_ | Y N\_\_\_/\_\_\_/\_\_ | I234567 | Y N\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_ | \_\_\_\_ mo. | Code:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_ |
|  | Low-riskMed riskHigh-risk | M FCode:\_\_\_/\_\_\_/\_\_\_Age: | Code | Code | **Code** | Y N\_\_\_/\_\_\_/\_\_\_ | Y N\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ mm\_\_\_\_\_\_Converter?Y N | \_\_\_/\_\_\_/\_\_\_\_\_\_\_ mmConverter?Y N | \_\_\_/\_\_\_/\_\_\_NormalAbnormalNot Done\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_\_\_ | Y N\_\_\_/\_\_\_/\_\_ | I234567 | Y N\_\_\_/\_\_\_/\_\_\_Code:\_\_\_\_\_ | \_\_\_\_ mo. | Code:\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_ |

The TB-2, Contact Investigation Roster, was designed to collect information on contacts of cases of tuberculosis (TB). Please submit a preliminary TB-2 when conducting initial testing. Submit a final TB-2 when evaluations are complete. Mail to: Kentucky Department for Public Health, TB Prevention and Control Program, HS2E-B2, 275 E. Main, Frankfort, KY 40621; or, fax to 502 564-3772. Keep the original at the health department and remember to keep separate from any contact’s or patient’s chart.

**TB-2 (7/2022)**