

Optional TB Air/Land Contact Investigation Outcome Reporting Form

| 1. PASSENGER CONTACT INFORMATION | | | | | | | |
|---|------------------|------------------------|-----|---|-----------|------------------|--------------------------|
| Last name, First name | Assigned seat | Actual/verified seat # | Sex | DOB (mm/dd/yy) OR | Age (yrs) | Country of birth | Country of residence |
| (Auto-populated) | (Auto-populated) | | | | | | (Auto-pop, if available) |
| 2. CONTACT INVESTIGATION OUTCOME FOR ABOVE NAMED PASSENGER CONTACT | | | | | | | |
| Were you able to contact this passenger? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If yes , date passenger was contacted: ___/___/___ How did you reach the passenger? (please check all that apply) <input type="checkbox"/> Telephone <input type="checkbox"/> Sent letter or visited in person <input type="checkbox"/> E-mail <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other (please specify): _____ | | | | If no , why could you not contact the passenger? (please check all that apply) <input type="checkbox"/> Incorrect locating info <input type="checkbox"/> No longer at temporary address <input type="checkbox"/> No response <input type="checkbox"/> Returned to country of residence <input type="checkbox"/> Other (please specify): _____ | | | |
| (Continue) | | | | (Stop here) | | | |
| Additional Comments: _____ | | | | | | | |
| 3. INTERVIEW INFORMATION | | | | | | | |
| Was contact interviewed? <input type="checkbox"/> No, why not? <input type="checkbox"/> Declined <input type="checkbox"/> Lives in different jurisdiction (specify) _____ <input type="checkbox"/> Other (specify) _____ (Stop here) <input type="checkbox"/> Yes, date: ___/___/___ (Continue to next question) | | | | | | | |
| Has contact ever had a previous TST? If yes, has the result ever been positive? <input type="checkbox"/> Yes, Date: ___/___/___ Result: _____ mm induration or <input type="checkbox"/> Unknown <input type="checkbox"/> No, Date of most recent negative result: ___/___/___ Result: _____ mm induration or <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown | | | | | | | |
| Has contact ever had a previous IGRA? <input type="checkbox"/> Yes, has the result ever been positive? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: ___/___/___ <input type="checkbox"/> No, date of most recent negative or indeterminate result: ___/___/___ <input type="checkbox"/> Unknown | | | | | | | |
| Does contact have a history of previous treatment for LTBI or active TB? <input type="checkbox"/> No <input type="checkbox"/> Yes Has contact ever received BCG vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes; Approximately what age (yrs) _____ <input type="checkbox"/> Unknown | | | | | | | |
| Was this passenger a close contact of the index case other than on the flight? <input type="checkbox"/> No <input type="checkbox"/> Yes, type: <input type="checkbox"/> Household <input type="checkbox"/> Travel companion <input type="checkbox"/> Social <input type="checkbox"/> Work <input type="checkbox"/> Other _____ | | | | | | | |
| Is this passenger a close contact with a known case of TB other than the person on flight? <input type="checkbox"/> No <input type="checkbox"/> Yes; With whom? _____ Date of last exposure (mm/dd): ___/___ <input type="checkbox"/> Unknown | | | | | | | |
| 3. TB SCREENING | | | | | | | |
| Was contact screened for TB infection? <input type="checkbox"/> Yes (Continue to next question) <input type="checkbox"/> No, why not? <input type="checkbox"/> Previous positive TST or IGRA, such as the QuantiFERON or T-Spot <input type="checkbox"/> History of previous treatment for LTBI or active TB <input type="checkbox"/> Declined <input type="checkbox"/> Failed appointment <input type="checkbox"/> Other (specify): _____ (Stop here) | | | | | | | |
| 4. RESULTS OF TB SCREENING AND EVALUATION (Please complete all that apply) | | | | | | | |
| Date of 1st TST placement: ___/___/___ Date 1st TST read: ___/___/___ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative, _____ mm induration | | | | | | | |
| Date of 1st IGRA: ___/___/___ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate | | | | | | | |
| Date of 2nd TST placement: ___/___/___ Date 2nd TST read: ___/___/___ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative, _____ mm induration | | | | | | | |
| Date of 2nd IGRA: ___/___/___ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate | | | | | | | |
| Was a chest X-ray done?: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: ___/___/___ Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, noncavitary <input type="checkbox"/> Abnormal, cavitary | | | | | | | |
| Diagnosis: <input type="checkbox"/> No infection <input type="checkbox"/> LTBI <input type="checkbox"/> TB disease suspected <input type="checkbox"/> TB disease confirmed* *If TB disease was confirmed, was the genotype result the same as the index case? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Was treatment prescribed? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, for LTBI <input type="checkbox"/> Yes, for TB disease | | | | | | | |
| Risk factors for prior TB infection (Please complete regardless of TST/IGRA results and check all that apply below): <input type="checkbox"/> No known risk factors other than flight <input type="checkbox"/> Born in a country with high TB prevalence (>20/100,000) (specify country) _____ <input type="checkbox"/> Ever lived in a country with high TB prevalence (>20/100,000) 1. Country _____ Duration: _____ <input type="checkbox"/> Months <input type="checkbox"/> Years Purpose (check all that apply): <input type="checkbox"/> Work <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Missionary <input type="checkbox"/> Other (specify): _____ | | | | | | | |

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2. Country _____ Duration: _____ Months Years
Purpose (check all that apply): Work Student Volunteer Missionary Other (specify): _____
3. Country _____ Duration: _____ Months Years
Purpose (check all that apply): Work Student Volunteer Missionary Other (specify): _____

5. COMMENTS [free text field]

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX