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