

Optional TB Maritime Contact Investigation Outcome Reporting Form

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 conveyance <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): _____ 2. 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): _____ 3. 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): _____
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