

**TB Air Contact Investigation Outcome Reporting Form**  
**FAX completed form to the CDC at 404.718.2158; For questions, call 404.639.7147**

1. FLIGHT INFORMATION (If more than one flight is listed, please circle the flight contact was on)				
CDC/QARS ID#	Arrival date	Departure Airport/City	Arrival Airport/City	Index Case Row
2. INDEX CASE CLINICAL AND LAB INFORMATION				
3. PASSENGER CONTACT INFORMATION				
Last name, First name	Assigned seat	Gender	DOB (mm/dd/yyyy)/Age (yrs)	
4. CONTACT INFORMATION				
<p><b>Were you able to contact this person?</b></p> <p><input type="checkbox"/> No, why not?   <input type="checkbox"/> Incorrect locating info   <input type="checkbox"/> No longer at temporary address but still in the U.S.   <input type="checkbox"/> No response  <input type="checkbox"/> Returned to country of residence   <input type="checkbox"/> Didn't attempt follow up   <input type="checkbox"/> Other, specify _____ <b>(Stop here)</b></p> <p><input type="checkbox"/> Yes, date contacted: ___/___/___  Was contact interviewed?</p> <p><input type="checkbox"/> No, why not?   <input type="checkbox"/> Declined   <input type="checkbox"/> Lives in different jurisdiction, specify _____  <input type="checkbox"/> Other, specify _____ <b>(Stop here)</b></p> <p><input type="checkbox"/> Yes; actual/verified seat # _____,</p> <p>Was this person a known close contact of the index case outside of this flight (e.g. family member?)   <input type="checkbox"/> No   <input type="checkbox"/> Yes  Country of birth: _____,   Country of residence _____</p>				
5. INTERVIEW INFORMATION				
<p><b>Risk factors for prior TB infection (check all that apply below):</b></p> <p><input type="checkbox"/> No known risk factors other than flight  <input type="checkbox"/> Close contact with a known case of TB other than the person on flight  <input type="checkbox"/> Ever lived in a country with high TB prevalence*, specify _____  <input type="checkbox"/> Other risk factors (i.e. history of incarceration, homelessness, IV drug use), specify _____</p> <p><b>Does person have a history of previous TB?</b>   <input type="checkbox"/> No   <input type="checkbox"/> LTBI   <input type="checkbox"/> Active TB   <input type="checkbox"/> Unknown</p> <p><b>Has person ever received BCG vaccine?</b>   <input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> Unknown</p> <p><b>Has this person ever had a TST performed prior to this flight?</b>  <input type="checkbox"/> Unknown   <input type="checkbox"/> No   <input type="checkbox"/> Yes, date of most recent (month/year): ___/___   Result:   <input type="checkbox"/> Negative   <input type="checkbox"/> Positive</p> <p><b>Has this person ever had an IGRA performed prior to this flight?</b>  <input type="checkbox"/> Unknown   <input type="checkbox"/> No   <input type="checkbox"/> Yes, date of most recent (month/year): ___/___   Result:   <input type="checkbox"/> Negative   <input type="checkbox"/> Positive   <input type="checkbox"/> Indeterminate</p> <p><small>*If you are unsure whether a country the contact lived in is considered high TB prevalence (greater than 20/100,000 cases), please list it in the specified field and we will make that determination for you upon receipt of the form.</small></p>				
6. TB SCREENING AND EVALUATION				
<p><b>Was person screened for TB infection after exposure on this flight?</b></p> <p><input type="checkbox"/> No, why not?   <input type="checkbox"/> Previous positive TB screening   <input type="checkbox"/> Declined   <input type="checkbox"/> Lost to follow up   <input type="checkbox"/> Other, specify _____</p> <p><input type="checkbox"/> Yes, what type of testing? (check all that apply)</p> <p><input type="checkbox"/> TST:   Date of 1<sup>st</sup> TST read: ___/___/___   Results:   <input type="checkbox"/> Positive   <input type="checkbox"/> Negative  Date of 2<sup>nd</sup> TST read: ___/___/___   Results:   <input type="checkbox"/> Positive   <input type="checkbox"/> Negative</p> <p><input type="checkbox"/> IGRA:   Date of 1<sup>st</sup> IGRA: ___/___/___   Results:   <input type="checkbox"/> Positive   <input type="checkbox"/> Negative   <input type="checkbox"/> Indeterminate  Date of 2<sup>nd</sup> IGRA: ___/___/___   Results:   <input type="checkbox"/> Positive   <input type="checkbox"/> Negative   <input type="checkbox"/> Indeterminate</p> <p><b>Was a review of signs and symptoms completed?</b>   <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p><b>Was a chest X-ray done?</b>   <input type="checkbox"/> No   <input type="checkbox"/> Yes, results:   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal, non-cavitary   <input type="checkbox"/> Abnormal, cavitary</p> <p><b>Diagnosis:</b>   <input type="checkbox"/> No infection   <input type="checkbox"/> LTBI   <input type="checkbox"/> Active TB disease suspected   <input type="checkbox"/> Active TB disease confirmed   <input type="checkbox"/> Unknown</p>				

