

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

1. VOYAGE INFORMATION ON INDEX CASE				
CDC/QARS ID#	Arrival date	Arrival City/Port	Departure City/Port	Crew/Passenger
2. INDEX CASE CLINICAL AND LAB INFORMATION				
3. PASSENGER CONTACT INFORMATION				
Last name, First name or other identifier	Assigned cabin	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?  <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 cabin #: _____, date of last known exposure to index case: ___/___/___ <input type="checkbox"/> Unknown</p> <p>Was this person a crew member? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Was this person a known close contact of the index case outside of this voyage (e.g. family member)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Was this person frequently in close proximity to index case (e.g. cabinmate, work, or social)? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____</p> <p>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 exposure to index case on this ship  <input type="checkbox"/> Close contact with a known case of TB other than the index case  <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 investigation?</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 investigation?</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 this person screened for TB infection as a part of this investigation?</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>				

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

**Diagnosis:**  No infection  LTBI  Active TB disease suspected  Active TB disease confirmed  Unknown

**If diagnosed with TB, was treatment prescribed?**  No, why not? \_\_\_\_\_  Yes, date started \_\_\_/\_\_\_/\_\_\_

**7. COMMENTS**

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 0920-0900.