Basic Info	rmation ab	out Contact	(s)									
Contact Number	Initials or Crew #	Crew Member/ Passenger	Sex (M/F)	Date of Birth or Age in years (MM/DD/YY)	Were you able to contact this person? Y/N	If no, why not? (contact disembarked in another country, transferred to another ship, etc) (If no, stop here)	If yes, date contacted: MM/DD/YY	Was contact interviewed? Y/N	If no, why not? (declined, other) (If no, stop here)	exposure with	Was this person a known close contact of the index case outside of this voyage (e.g. family member or travel companion?)	
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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 mainta 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 ON 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 30333; ATTN: PRA 0920-0900.

		Pertinent Medica	l History							
Country of birth	Country of residence	Did this person have risk factors for TB other than exposure to index case on this ship? Y/N	Was the person a close contact with a known case of TB other than the index case? Y/N	List any country this person has lived in with a high TB prevalence* Y/N	Specify any other risk factors this person has for TB (e.g. incarceration, homelessness, IV drug use)	Does person have a previous history of TB? Y/N	If yes, specify (e.g. LTBI, active TB) or NA		Has this person ever had a TST performed prior to this investigation? Y/N	Give date of most recent TST (MM/YY) or NA
ining the data no 1B Control Numb NE, MS D-74, A	eeded, and ber. Send Atlanta, Georgia	*If you are unsure	whether a country	the contact lived in	n is considered hig	n TB prevalence (g	reater than 20/100,0	00 cases), please	list it in the specifie	d field and we will r

				TB screening a	nd Evaluation res	ults for this in	estigation	1				
Was most recent TST	Has this person ever had an IGRA performed prior to this investigation? Y/N	Give date of most recent	Was the most recent IGRA positive, negative or NA?	Was this person screened for TB as a part of this investigation? Y/N	If no, why not? (e.g. known to have TB in the past, declined, lost to follow-up) (If no, stop here)	Date of first TST reading MM/DD/YY or NA	First TST positive, negative or NA?	Date of second TST reading MM/DD/YY or NA	Second TST positive, negative or NA?	Date of first IGRA reading? MM/DD/YY or NA	First IGRA positive, negative, indeterminate, or NA	Date of second IGRA MM/DD/YY or NA
ake that deter	mination for you	upon receipt of	the form.	Respond with NA	A if not done or not	applicable						
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				Diagnosis						
Second IGRA positive, negative, or NA	Was a review of signs and symptoms completed? Y/N	Was a chest xray done? Y/N	If xray done, was result Normal, abnormal, non- cavitary or Abnormal cavitary? (NA if not done)	What was the final diagnosis? Choices:No infection, LTBI, Active TB disease suspected, active TB disease confirmed, or unknown	If diagnosed with TB, was treatment prescribed? Y/N or, if not diagnosed, NA	If diagnosed with TB and not treated, specify reason				
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