





CureTB Contact/Source Investigation (CI/SI) Notification Division of Global Migration and Quarantine | E-mail: curetb@cdc.gov | Telephone: 619-542-4013 | Fax For California: 619-692-8020 | Fax For other areas: 404-471-8905 | Web address: www.cdc.gov/usmexicohealth/curetb.html

¹Re	¹Referring Jurisdiction:					Country					C+	¹Date sent:				
¹Contact person:					County 1Telephone:							· Fay·				
Re	ferri	ng Agency:				_ E-Mai	l Address: .									
Ind	dex	Patient Information	on for: C	ontact Inv	estigation/	1	Source Inv	/esti	gation							
	1												0			
	¹ Name:					Maternal First					Midd	Sex:	∐ IVI	⊔F		
A. Index Patient Information	Alias:					DOB or Age: Parent's Nam				t's Nam	ne (if ch	ild for S	SI):			
	_	Number Street			Apt				Apt	City						
	_	County State				Home Phone: _				none: _	Cell:					
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	Relationship: E									110110.2						
k Pat		nical Information														
A. Inde	Sit	te(s) of disease:	Pulmona	у Ме	ningeal	Disse	Disseminated Other(s), specify: _									
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B. Contacts/Possil	ure	Country:								Tele	phone:					
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Public reporting burden of this collection of information is estimated to average 30 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 0920-004

Revised 05/2018 CS281360B

^{1.} Fields required to initiate the referral process

^{2.} Please send imaging and laboratory reports as attachments

^{3.} Please attach additional information, as needed.