	Demographic Information				Epidemiologic History					
Contact Number	Initials	Age	Country of Birth	Country of Residence	Contact Type (Crew/Passenger)	ovnocure to case	Does contact have a previous history of a TB diagnosis? (Y/N)	High-risk contact*? (Y/N)	Is contact still on the vessel? (Y/N)	Was contact interviewed? (Y/N)
1										
2										
3										
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Contact Management							
Does this person have any signs or symptoms of TB^? (Y/N)	If a chest X-ray was done, did it show any signs of TB? (Y/N)	If a high-risk contact* without TB signs/symptoms, how was contact assessed for latent TB (LTBI) [¥] ?	Results of high-risk contact LTBI screening				

Crew Y TST Positive
Passenger N IGRA Negative
Not Done Indeterminate