Demographic Information					Epidemiologic History						
Contact Number	Initials	Age	Country of Birth	Country of Residence	Contact Type (Crew/Passenger)	Date of last exposure 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)	If contact is no longer on the vessel, was the vessel company (if crew) or CDC (if passenger) notified? (Y/N)	Was contact interviewed? (Y/N)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

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**