



CONFIDENTIAL REPORT FOR ACTIVE AND SUSPECT TUBERCULOSIS CASES
 Mail or fax fully completed report on confirmed and suspected cases of TB within 4 days of recognition

DEMOGRAPHICS

Name (Last, First, Middle): _____

Street/Apt: _____ DOB (mm/dd/yyyy) / /

City: _____ Phone 1: _____

State/Zip: _____ Phone 2: _____

Ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino

Country of birth:
 US
 Not U.S.: Specify _____

Month-Year arrived in U.S.: (mm/yyyy) ____/____

Race: (select one or more)
 American Indian or Alaska Native
 Asian: Specify _____
 Black or African American
 Native Hawaiian or Other Pacific Islander: Specify _____
 White

Sex at birth: Male Female

Pediatric TB patients (<15 years old)
 Country of birth for primary guardian(s):
 Guardian 1 _____
 Guardian 2 _____
 Patient lived outside the U.S. for >2 months? Yes No Unknown
 If YES, list countries: _____

DISEASE INFORMATION

Primary reason evaluated for disease
 TB Symptoms
 Abnormal Chest Radiograph (consistent with TB)
 Contact Investigation
 Targeted Testing
 Health Care Worker
 Employment/Administrative Testing
 Immigration Medical Exam
 Incidental Lab Result
 Unknown

Previous TB diagnosis Yes No If YES, enter year of previous TB diagnosis (yyyy): _____

Status at TB diagnosis Alive Dead If DEAD, enter date of death: (mm/dd/yyyy) ____/____/____
 If DEAD, was TB a cause of death? (select one) Yes No Unknown

Site of TB disease (select all that apply)
 Pulmonary Lymphatic: Axillary Bone &/or joint Other: _____
 Pleural Lymphatic: Other Genitourinary
 Lymphatic: Cervical Lymphatic: Unknown Meningeal
 Lymphatic: Intrathoracic Laryngeal Peritoneal

Sputum smear Positive Negative Pending Not Done

Sputum culture Positive Negative Pending Not Done

Smear/pathology/cytology of tissue and other body fluids Positive Negative Pending Not Done Site of specimen(s): _____
 Type of exam: Smear Cytology

Culture of tissue and other body fluids Positive Negative Pending Not Done Site of specimen(s): _____

Nucleic acid amplification test results Positive Negative Pending Not Done Site of specimen(s):
 Sputum
 Other: _____
 Indeterminant

Initial chest radiograph and other chest imaging study

Initial chest radiograph (select one):
 Normal Abnormal* (consistent with TB) Not Done Unknown
 * For ABNORMAL initial chest radiograph: Evidence of a cavity (select one): Yes No Unknown
 Evidence of miliary TB (select one): Yes No Unknown

Initial chest CT scan or other chest imaging (select one):
 Normal Abnormal* (consistent with TB) Not Done Unknown
 * For ABNORMAL initial CT scan or imaging: Evidence of a cavity (select one): Yes No Unknown
 Evidence of miliary TB (select one): Yes No Unknown

