



Tuberculosis Suspected Case Verification Report

SSN: - - Reporting Contracted Site: DOB: / /

Name: _____
 Last First Middle
 (initials not acceptable)

Reporting Jurisdiction: _____
 Date Reported: ____/____/____

Targeted Testing:
 Administrative, not at risk for TB
 Individual
 Patient referred, TB infection
 Project

TB Suspect Epi Criteria:

- Clinical suspicion of active TB disease,
- a complete evaluation has been performed,
- final laboratory results are pending,
- provider intends for the client to be:
 Placed on 4-drug therapy (and/or)
 Yes No
 Placed in isolation? (due to probable infectiousness)
 Yes No
 Date of respiratory isolation ____/____/____

Other criteria: (Select all that apply)
 Signs or symptoms suggestive of TB
 Date of onset of symptoms: ____/____/____
 Productive cough >3 weeks
 Positive TST
 Positive IGRA
 CXR findings suggestive of TB
 CXR is cavitary
 Smear from anatomic site +AFB
 Sputum smear+
 Positive NAAT
 Biopsy, pathology or autopsy findings consistent with active TB disease
 Clinical suspicion of TB by provider
 Therapy for TB Disease (not 4-drugs)
 Initiation of contact investigation
 Consult by TB Consultant Expert: If yes,
 Date requested: ____/____/____

Resident of: (select one only)
 homeless shelter at time of diagnosis
 correctional facility at time of diagnosis
 If yes, incarceration date: ____/____/____
 If type of correctional facility is "other", enter one of the following choices in the free-text box:

- ICE; If yes, Under custody of Immigration and Customs Enforcement? Yes No
- Indian reservation
- Military
- Federal park police
- Police lock-ups
- Private

long-term care at time of diagnosis

Other special populations:
 Colonia
 Displaced citizen
 School dorm
 Unaccompanied alien child/minor (UAC)

Prior treatment or therapy:
 All prior events adequately closed

Chest X-ray Date: ____/____/____
Chest CT Scan Date: ____/____/____
New ATS Class date: ____/____/____

Class 0
 Class 1
 Class 2
 Class 3
 Class 4

Class 5 closed Not TB due to:
M. Bovis (BCG)
 Atypical disease _____

Evaluation complete: Yes No, if no close as "other" and close meds as:
 Death
 Lost to follow up
 Pregnant
 Refused/Uncooperative

Contact investigation Priority:
 High Medium Low

Was CI indicated?: Yes No
Media involvement: Yes No
Incident Report: Yes No

Comments: