

**Colorado Department of Public Health and Environment
TUBERCULOSIS CONTACT INVESTIGATION RECORD**

Name of reporting agency _____

Preliminary report _____

Final report _____

Name of index case _____

Smear _____

Date case reported _____

Culture _____

Infectious period _____

Susceptibilities _____

Contact	Type of Contact*	Country of Birth	Date of Last Exposure	HIV Status	PPD Results				Chest X-ray		Diagnosis		TX Start Date	Comments/Symptoms
					Initial		Retest		Date	Results	LTBI	Active		
					Date	mm	Date	mm						
Name: DOB/Age: Relation to source:														
Name: DOB/Age: Relation to source:														
Name: DOB/Age: Relation to source:														
Name: DOB/Age: Relation to source:														
Name: DOB/Age: Relation to source:														

* Type of Contact:

Close Contact- C: persons who have shared air with a known or suspected TB case for prolonged and frequent periods of time (e.g. household members, work associates- depending or type of work/environment)

Other Contact- OC: persons who do not meet the criteria of a close contact, but have limited exposure to a known or suspected TB case. Skin testing for OC's is indicated only when it is I that transmission to this group has taken place (e.g. significantly large number of close contacts show positive skin tests)