

# TUBERCULOSIS CASE AND CONTACT TRACING RECORD

## CASE

Surname:		Given Name:			Diagnosis:			Date of Diagnosis: y/m/d		
HCP:		Sex:	Date of Birth: y/m/d			Bacterial Status:				
Community:					TB Drug Prescribed: INH _____ RMP _____ PZA _____ EMB _____ SM _____ B6 _____					

## CONTACTS

Surname	Given Name(s)	HCP	DOB Y/M/D	Sex	Type of Contact *	Risk Level	BCG Date Y/M/D	Previous Mantoux Date	Size	Current Mantoux Date	Size	X-Ray Date Y/M/D	Sputa Date Y/M/D	Remarks (results, symptoms, inquiry .etc.)
						High Variable Low								
						High Variable Low								
						High Variable Low								
						High Variable Low								
						High Variable Low								
						High Variable Low								
						High Variable Low								
						High Variable Low								
						High Variable Low								
						High Variable Low								

Consult with OCMHO for Contact Tracing

01. Spouse	05. Inlaws	09. Neighbour	13. Caregiver	17. Son
02. Parent	06. Household	10. Co-worker	14. Institutional Living	18. Daughter
03. Sibling	07. Intimate	11. Relative	15. Client	19. Grandchild
04. Grandparent	08. Friend	12. Community	16. School	

Fax Results To: The Office Of The Chief Medical Health Officer (OCMHO) (867) 873-0442