

PEDIATRIC TUBERCULOSIS SURVEILLANCE FORM

CASE NUMBER

Voice: (860) 509-7722

Fax: (860) 509-7743

PATIENT'S NAME: (LAST, FIRST, MIDDLE)	DATE OF BIRTH:		
	MM	DD	YYYY

WAS A SOURCE CASE FOUND FOR THIS PATIENT? YES NO

IS THE SOURCE CASE A RELATION TO CHILD? YES NO

NAME OF SOURCE CASE: _____ DID THEY LIVE IN THE SAME HOUSEHOLD? YES NO

DATE SOURCE CASE WAS DIAGNOSED: _____

HAS THE CHILD DRUNK OR EATEN UNPASTEURIZED MILK OR MILK PRODUCTS? YES NO UNK

REASON CHILD WAS MEDICALLY EVALUATED

SYMPTOMS CONTACT INVESTIGATION SCREENING SCHOOL REQUIREMENT OTHER:(PLEASE SPECIFY) _____

IF SYMPTOMATIC, WHAT SYMPTOMS DID THE CHILD PRESENT WITH?

COUGH NIGHT SWEATS FEVER FATIGUE POOR WEIGHT GAIN OR WEIGHT LOSS

LOSS OF APPETITE CERVICAL ADENOPATHY OTHER: PLEASE SPECIFY _____

HOW MANY WEEKS OF SYMPTOMS PRECEDED FIRST MEDICAL APPOINTMENT? _____

WAS THE CHILD FIRST DIAGNOSED WITH AN ALTERNATE CONDITION? YES NO IF YES, WHAT WAS THE DIAGNOSIS _____

WAS THE CHILD PREVIOUSLY KNOWN TO HAVE LTBI ? YES NO NOT APPLICABLE

WAS THE CHILD STARTED ON TREATMENT FOR LTBI? YES NO NOT APPLICABLE

IF YES, HOW LONG WERE THEY TREATED? _____

IF TREATMENT FOR LTBI WAS NOT STARTED OR STOPPED BEFORE COMPLETION, PLEASE STATE REASON: _____

IS CHILD FOREIGN BORN? YES NO IF YES, WAS THE CHILD SCREENED FOR TB DISEASE OR INFECTION BEFORE ENTRY TO THE U.S.? YES NO

WHAT WAS THE RESULT OF THAT SCREENING? POS TST NEG TST CXR - NORMAL CXR - ABNORMAL UNKNOWN

DID CHILD TRAVEL OUT OF THE COUNTRY IN THE PAST 12 MONTHS? YES NO UNK

IF YES, COUNTRY(IES) VISITED _____ LENGTH OF STAY (DAYS) _____

PARENT'S INFORMATION(INCLUDING ANY STEP-PARENTS/GUARDIANS)

WERE ANY OF THE PARENTS FOREIGN-BORN? YES NO UNK WHAT LANGUAGE(S) ARE SPOKEN IN THE HOME? _____

DO PARENTS/GUARDIANS/FAMILY MEMBERS HAVE HISTORY OF TB? YES NO UNK

OTHER HOUSEHOLD CONTACTS

IN THE PAST YEAR, HAVE THERE BEEN OTHER HOUSEHOLD MEMBERS, EMPLOYEES OR VISITORS FROM A COUNTRY WITH HIGH INCIDENCE OF TB FOR A PERIOD OF MORE THAN ONE WEEK?: YES NO UNK

IF YES, FOR EACH SUCH PERSON COUNTRY OF ORIGIN _____ LENGTH OF STAY WITH CHILD _____
