



Report of Case and Patient Services

Date reported to health department
Date form sent to PHR
Date form sent to central office

Initial Report, Address Change, Hospital Admission, Name Change, Other Change
SSN, Medicaid #, ID#, DOB

Name (Last, First, Middle, Alias)
Street, Apt#, City, County, Zip Code, Patient's Tel.#

Facility/Care Provider Name
Initial Reporting Source: Health Dept, Private Physician, Public Hospital, VA Hospital, Military Hospital, TDCJ, Other (Specify)
Name of person completing this form

Country of Birth, Date of entry into U.S., Preferred Language
Notice of Arrival of Alien with TB Class (A, B1, B2, B3)
Reported at Death (Yes, No, Death date, Was TB cause of death)
Reported Out of State or Country (Yes, specify, No)
ETHNICITY (Unknown, Hispanic or Latino, Not Hispanic or Latino)
SEX (Male, Female)

RACE (check all that apply): White, Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, Unknown
OCCUPATION (within past 2 years): Unemployed during last 2 yrs, Employed (Migrant/Seasonal Worker, Health Care Worker, Correctional Employee, Other Occupation), Unknown, Student, Child, Retiree, Disabled, Homemaker, Institutionalized, Othe (select from options below)

Resident of Correctional Facility at Time of Dx (Yes, No, Unknown)
Incarceration Date
If Yes: Federal Prison, State Prison, County Jail, City Jail, Juvenile Correctional Facility, ICE, Other

Resident of Long Term Care Facility at Time of Dx (Yes, No, Unknown)
If Yes: Nursing Home, Alcohol/Drug Treatment Facility, Hospital-Based Facility, Other Long Term Care Facility, Residential Facility, Mental Health Residential Facility

Testing activities to find latent TB infection
Patient referred, TB infection, Project targeted testing, Individual targeted testing, Administrative: Not at risk for TB

POPULATION RISKS: Low Income, Inner-city resident, Foreign born, Binational (US-Mexico), *Within past 2 years (Correctional employee, Health care worker, Prison/Jail inmate, Long-term facility for elderly/resident, Health care facility/resident, Shelter for homeless persons, Migrant farm worker, None of the above risks apply)
MEDICAL RISKS: Diabetes mellitus, Alcohol Abuse, Tobacco use, Silicosis, Corticosteroids, Age <= 5 years, Recent exposure to TB, Contact to MDR-TB case, Weight at least 10% less than ideal body weight, Chronic malabsorption syndromes, Leukemia, Lymphoma, Cancer of head/neck, Drug abuse within past year, HIV seropositive, Tuberculin skin test conversion, Fibrotic lesions
CHRONIC MEDICAL RISKS: Chronic renal failure, Organ Transplant, Other, None of these medical risks apply
HIV TEST RESULTS: Test Date, Positive, Negative, Pending, Refused, Not Offered, Date CD4 Count, Results CD4 Count

TB Skin Test, IGRA, Documented history of positive TST? (Yes, No)
Date, mm, Positive, Negative, Not Read
PRIOR LTBI TREATMENT (Yes, No)
Start Date, Stop Date

FOR TREATMENT OF LTBI ONLY
DOPT: Yes, totally observed, No, self-administered, Both
DOPT Site: Clinic or medical facility, Field, Both
Frequency: Daily, Once Weekly, Twice Weekly, Three X's Weekly
Regimen Start Date, Stop Date, Regimen Restart Date, Stop Date
Isoniazid, B6, Rifampin, Other (specify)
Rifapentine, Prescribed for, months, Maximum refills authorized, Physician Signature, Date
Weight, Height

CLOSURE: Date, Completion adequate therapy, Deceased (Cause), Moved out of state/country to, Adverse Drug Reaction, Provider decision: Pregnant, Non-TB, Other
ATC Classification: 0 No M. TB Exposure, Not TB Infected, 1 M. TB Exposure, No Evidence of TB Infection, 2 M. TB Infection, No Disease, 4 M. TB, No Current Disease
TB-400A (9/2018)