

**Reporting Information**

Date of report: \_\_\_/\_\_\_/\_\_\_

Name of person reporting: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Facility/Institution: \_\_\_\_\_ Provider (if not reporter): \_\_\_\_\_

Street address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**Patient Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Street address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Sex:  Male  Female  No answer Date of birth: \_\_\_/\_\_\_/\_\_\_

Country of birth: \_\_\_\_\_ Is this person a contact to an active TB case?:  Yes  No

<p>Race (select all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Unknown</p>	<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Unknown</p>
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**Diagnosis Information**

**Reason for TB Evaluation (select all that apply)**

TB signs or symptoms  Health care worker  Immigrant or refugee

Homeless  Resident of congregate setting  Contact to active TB case

Testing for school  Testing for employment  Immunosuppression or immunosuppressive treatment

Other: \_\_\_\_\_

**Interferon Gamma Release Assay (IGRA)**

Date collected: \_\_\_/\_\_\_/\_\_\_ Test type:  QFT  T-SPOT  Other

Result:  Negative  Positive  Indeterminate  Unknown  Not done

**Tuberculin Skin Test (TST)**

Date placed: \_\_\_/\_\_\_/\_\_\_ Date read: \_\_\_/\_\_\_/\_\_\_ Millimeters of duration: \_\_\_\_\_

Interpretation:  Negative  Positive  Unknown  Not done

**Chest x-ray** Date: \_\_\_/\_\_\_/\_\_\_ Result:  Normal  Abnormal

**Treatment Plan**

\_\_\_\_\_

Fax or mail completed form.

Fax: (802) 951-4061

Mail: 108 Cherry St. Suite 304 Burlington, VT 05401

Direct questions to the Infectious Disease Epidemiology Program at (802) 863-7240.