

National Tuberculosis Controllers Association

Interjurisdictional Follow-up Form

30 day status: ☐ located ☐ not located

Return to:

Arlene Hudak, Maryland DHMH Division of TB Control

Name

410-669-4215

Fax number

201 W. Preston St., Room 307A, Baltimore MD 21201

Jurisdiction

410-767-6698

Phone number

Patient name _____ Date of birth ____/____/____
Last First Middle

New address _____
Number Street/Apt. City State Zip Code

New telephone () _____ Sex ☐ Male ☐ Female

☐ **Case:** (Send RVCT F/U2 to reporting jurisdiction)

☐ Completed: ____/____/____ ☐ Moved to: city county state

☐ Died ☐ Lost (after initially located) ☐ Never located

☐ Uncooperative or refused ☐ Not TB ☐ Other _____

☐ **Suspect:**

☐ Verified by lab ☐ Verified by clinical

☐ Verified by provider ☐ Not verified

☐ Other: _____

If verified, and original jurisdiction submits RVCT, complete case outcome above.

☐ **Contact:**

☐ No follow-up performed ☐ Never located

☐ Evaluated: ☐ Class II ☐ Class III ☐ Class IV ☐ No infection

☐ Started treatment ☐ Continuing treatment ☐ Other: _____

☐ **LTBI/Convertor:**

☐ No follow-up performed ☐ Never located ☐ Started treatment

☐ Continuing treatment ☐ Other: _____