RESET

CureTB
Moving Contacts Investigation

Referred by: _____ **E-Mail:** _____ **Date:** _____

Index Case: _____ **Date of Birth:** _____ **Sex:** ☐ M ☐ F

Infectious Period of Index Case: _____ to _____ **Referring Agency:** _____

Contact's Name: _____ **Sex:** ☐ M ☐ F **Date of Birth:** _____

Relationship to case: _____ **Expected move date:** _____ **To:** _____

Risk Factor: ☐ *Child ≤ 5 yrs old ☐ HIV/AIDS ☐ Immunosuppression: _____ ☐ Other: _____

Contact's Destination Address: _____
Number, Street "Colonia"/County

_____ **Contact's Phone#:** _____
City, State, Zip Code

***Parent's Name:** _____

Phone #: _____

TST/IGRA	
Date	**Result**

Current Treatment		
Medication	**Start**	**Finish**

Comments: _____

Contact's Name: _____ **Sex:** ☐ M ☐ F **Date of Birth:** _____

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Phone #: _____

TST/IGRA	
Date	**Result**

Current Treatment		
Medication	**Start**	**Finish**

Comments: _____

Please send this information along with the Binational Notification form (BN-50).

PRINT

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