RESET

CureTB
Household Contact Information

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

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

Infectious Period of Index Case: _____ to _____ **Contacts in** *(Country)*: _____

Contact(s) Address: _____
Number, Street "Colonia"/County

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

List of Contacts (if known):

Name	DOB or Age	Relationship to Index Case	Date of Last Exposure	Comments

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

When possible, send the clinical information for the index case (CXR, labs. results, susceptibilities).

PRINT

County of San Diego
Health and Human Service Agency
Public Health Services ▪ TB Control
Tel. (619) 542-4013 ▪ Fax (619) 692-8020
E-Mail: curetb.hhsa@sdcounty.ca.gov

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