



TUBERCULOSIS CONTACT LIST

TB Services
 2nd Floor, South Tower
 10030 107 Street
 Edmonton AB T5J 3E4
 Phone: 780-735-1464
 Fax: 780-735-1195

Section should be read by, or to the client.

Information and Privacy Legislation Information on this form is collected under the authority of section 20(b) of the Health Information Act (as per section 27(1)(a) and 27(2)) for the purposes of providing a health service, planning and resource allocation, health system management, public health surveillance and health policy development.
 Questions about the use and collection of this information can be directed to the contact information provided at the top of this form.

CONTACT EVENT

Exposure Category <small>(Please see reverse side for categories) _____</small>	Start Date	End Date	Case Event/Location
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SOURCE CASE

TB Number	Family Name	First Name	PHN	DIAND Number	Health Area/Health Centre	Branch	Birth Date	Treatment Started Date	Hospital	Admission Date	Attending Physician
Home Address		City	Prov.	Postal Code	Phone ()	Diagnosis	AFB Results Smear: <input type="checkbox"/> P <input type="checkbox"/> N Culture: <input type="checkbox"/> P <input type="checkbox"/> N		Interviewer	Position	Date

CONTACTS

Contact TB # or PHN	Name	Sex	Birth Date YYYY MM DD	Address	Phone	Last Contact Date	Contact Relation		Tuberculin Tests				BCG Date	Comments CXR/Sputum/Symptom Inquiry
							Household		MM		Date Given			
							Yes	No	MM	Date Given	MM	Date Given		
							<input type="checkbox"/>	<input type="checkbox"/>						
							<input type="checkbox"/>	<input type="checkbox"/>						
							<input type="checkbox"/>	<input type="checkbox"/>						
							<input type="checkbox"/>	<input type="checkbox"/>						
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							<input type="checkbox"/>	<input type="checkbox"/>						
							<input type="checkbox"/>	<input type="checkbox"/>						
							<input type="checkbox"/>	<input type="checkbox"/>						

EXPOSURE CATEGORY

Please select the exposure category these contacts belong to and enter the code in Exposure Category field on previous page.

- 01 Acute Care Facility
- 02 Commercial Setting
- 03 Continuing Care Facility
- 04 Correctional Facility
- 05 Other
- 06 Rehabilitation Facility
- 07 School
- 08 Shelter/Hostel
- 09 Social Event
- 10 Travel
- 11 Workplace