

Contact Report Form

First Nations and Inuit Health Branch - Ontario Region

Date Contact Report Form completed: DD / MM / YY

Case Number: _____

Date faxed to CD nurse: DD / MM / YY

Initials and date (DD/MMM/YYYY) each time form is updated and re-faxed to the CD nurse: _____

Date initial list of contacts was completed:	DD / MM / YY
Total number of contacts	_____
<input type="checkbox"/> Contact tracing not applicable, case was extra-pulmonary/not infectious	
Number of close contacts	
Number of contacts with no known past history of TB/LTBI <u>who were screened for LTBI</u>	_____
Of those screened for LTBI, how many converted (new positive TST)?	_____
Of those screened, by any means, how many were new active TB cases?	_____
Of those new positives how many were recommended for treatment of LTBI?	_____
Of those recommended for treatment of LTBI, how many accepted treatment?	_____
Of those accepting treatment for LTBI, how many started treatment?	_____
Of those who started treatment for LTBI, how many completed treatment within 12 months of treatment initiation?	_____
Of those who started treatment for LTBI, how many completed treatment more than 12 months after treatment initiation?	_____

Nurse Identification

First Name:

Last Name:

Signature: