

I. CONTACT/REACTOR IDENTIFICATION

NAME <i>(Last, first, middle)</i>	GRADE/RATE	AGE	SEX	SSN
DUTY STATION				DATE
TUBERCULOSIS CONTACT AND/OR REACTOR FOLLOWUP - CHECK ALL BOXES APPLICABLE				
<input type="checkbox"/> CONTACT	<input type="checkbox"/> NEW REACTOR	<input type="checkbox"/> UNTREATED OR TREATED KNOWN PREVIOUS REACTOR <i>(specify which)</i>		

II. EXPOSURE HISTORY *(If known)*

NAME OF ORIGINAL CASE	GRADE/RATE	SSN <i>(Or relationship)</i>
PLACE OF EXPOSURE	DATES OF EXPOSURE	

III. CONTACT/REACTOR PRIOR RECORD

DATE	SKIN TEST READINGS <i>(Last three readings in mm)</i>	DATE	FILM NO.	CHEST FILM READINGS <i>(Last three readings)</i>

IV. INITIAL EXAMINATION

SKIN TEST		CHEST X-RAY			
DATE	RESULTS IN MM.	DATE	FILM NO.	RESULTS	TAKEN WHERE

HISTORY AND PHYSICAL FINDS *(Including smear and culture results, if done)*

V. FOLLOWUP EXAMINATION-CONTACT STUDY

PERIOD	DATE SCHEDULED	DATE PERFORMED	SKIN TEST OR X-RAY RESULTS	TEST PERFORMED AT
3 MONTHS				
6 MONTHS				

ADDITIONAL STUDIES IF PATIENT BECOMES REACTOR DURING CONTACT STUDY

