West Virginia Department of HEALTH

TB CONTACT TRACKING LIST

Active Case Last Name_____

Name	Date of Birth	Relationship	Date of Last Exposure	Close Contact (Y/N)	Symptomatic (Y/N)	Test Date-1	Type of Test-1 (TST/QFT/T-spot)	Result-1 (P/N/B)*	CXR (Y/N)	CXR Date	DOPT Started (Y/N)	DX as Case (Y/N)	Est. Date of Repeat Testing**	Test Date-2	Type of Test-2 (TST/QFT/T-spot)	Result-2 (P/N/B)*	Comments

* P-positive, N-Negative, B-Borderline

** Must be minimum of 8 weeks after last exposure date