

		TB CONTACT TRACKING LIST												Active Case Last Name				
Name	Date of Birth	Relationship	Date of Last Fyn.	Close Cont.	Symptom	Test Date-1	Type of Test-1	Result-1 (D/N.)	CXR (Y/N)	CXR Date	DOPT Start	DX as C.	Est. Date of Repeat	Test Date-2	Type of Test-2	Result-2 In .	*(8/N/a) Comments	
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																	(4)	

^{*} P-positive, N-Negative, B-Borderline

^{**} Must be minimum of 8 weeks after last exposure date