Interjurisdictional Follow-up Form

30 day status:  □ located  □ not located

**Return to:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jurisdiction</td>
<td>Phone number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Date of birth / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New address</th>
<th>New telephone ( )</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Street/Apt.</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

**Case:** (Send RVCT F/U2 to reporting jurisdiction)

- Completed: / / |
- Moved to: city county state
- □ Died
- □ Lost (after initially located)
- □ Never located
- □ Uncooperative or refused
- □ Not TB
- □ Other

**Suspect:**

- □ Verified by lab
- □ Verified by clinical
- □ Verified by provider
- □ Not verified
- □ Other

If verified, and original jurisdiction submits RVCT, complete case outcome above.

**Contact:**

- □ No follow-up performed
- □ Never located
- □ Evaluated: □ Class II □ Class III □ Class IV □ No infection
- □ Started treatment
- □ Continuing treatment
- □ Other

**LTBI/Convertor:**

- □ No follow-up performed
- □ Never located
- □ Started treatment
- □ Continuing treatment
- □ Other