## CONTACT SHEET

**Positive Reactor = / > 5 mm**

INDEX CASE: _____ _____ HEALTH DEPARTMENT SITE: ___ PULMONARY
DATE OF DX: _____ ___ EXTRAPULMONARY _____
(specify)

| Contact's Name Last First | Relationship to Case | Birth date | Close Exposure Yes | No | TUBERCULIN TEST Initial Test Date mm | 3–month Retest Date mm | Chest X-ray | Preventive Therapy Started | Dx. as case | Comments |
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**TB-1001** Revised 4/07 – Complete for each newly verified case of active TB.

West Virginia Department of Health and Human Resources
Tuberculosis Control Program