



**TUBERCULOSIS CONTACT SCREENING OF ACTIVE CASES**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**DIVISION OF DISEASE CONTROL**  
 SFN #53161 (08-05)

TB Program Manager  
 North Dakota Dept. of Health - Division of Disease Control  
 600 E. Boulevard Avenue – Dept. 301  
 Bismarck, ND 58505-0200  
 Phone: 701.328.2378 or 1.800.472.2180

A copy of this form should be faxed to 701.328.0355 (confidential number) on two separate occasions:

1. The first copy should be submitted following the first PPD.
2. The second copy should be submitted upon completion of screening process.

A completed Tuberculin Test Registration card must be mailed for all clients who tested positive.

Case Name \_\_\_\_\_

NAME AND RELATIONSHIP TO CASE	CLOSE CONTACT	OTHER THAN CLOSE CONTACT	DATE OF BIRTH AND AGE	DATE 1 <sup>ST</sup> PPD	DATE READ	M M		DATE 2 <sup>ND</sup> PPD	DATE READ	M M	DATE CXR	RESULTS	PREVIOUSLY TREATED	TREATMENT PRESCRIBED NOW
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														

Comments:

