HEIC RN_____ Reviewed_____ Time spent_____ Date faxed_____ Page_____

JOHNS HOPKINS HOSPITAL TUBERCULOSIS EXPOSURE FORM

Place(s) of exposure _____ Date(s) of exposure _____
Name of index case (S, P, St, V) _____ Hx. # _____
Onset date ___/___/_____
Date of isolation _____ Smear +/Cx.+ Smear-/Cx.+

Name	Title	Dept. / Occupation	Soc. Security/ Hx. #	Beeper/phone	Known + PPD	Baseline PPD	Follow up PPD	Comments
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							
	S P St V							

Total number exposed _____ _____ Entered into database

Patient(P) Staff (S) Student(St) Visitor(V)