



Remarks:

Contact Surveillance

Name(s), Address & Phone Number, if not same as case	Birth Date  Age	Exposure	Date Mantoux Test/ mm Result	Date Chest Film	Date INH Begun	Remarks	Appt. Date
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					
		Close <input type="checkbox"/>					
		Casual <input type="checkbox"/>					