Tuberculosis Case	Notification ID:							
	Family name:							
Investigation Form	Given names:							
	Date of birth: $d d/m m/y y y y$							
Public Health Unit:								
	Sex: \Box M \Box F							
Patient Details	Patient Details (continued)							
Indigenous Status: Aboriginal but not Torres Strait Islander origin 	7. Currently working or worked in last 12 months in the Australian health industry (including health loboratories)							
□ Torres Strait Islander but not Aboriginal origin	laboratories) □ Yes □ No □ Not assessed							
□ Both Aboriginal and Torres Strait Islander origin	8. Currently working or worked in last 12 months in							
 Neither Aboriginal nor Torres Strait Islander origin Not stated/inadequately described 	the health industry overseas (including health							
The stated madequatery described	laboratories)							
Country of birth: \Box Australia \Box Other (specify):	 ☐ Yes ☐ No ☐ Not assessed 9. Ever homeless 							
	\Box Yes \Box No \Box Not assessed							
Date of first arrival: d d/m m/y y y y	10. Past travel to or residence (3 months or more) in a high-risk country as defined by DIAC							
(if not Australian born)	□ Yes □ No □ Not assessed							
	11. Chest X-ray suggestive of old untreated TB							
Residency status:	☐ Yes ☐ No ☐ Not assessed							
Permanent resident Australian born	12. Currently receiving immunosuppressive therapy ☐ Yes ☐ No ☐ Not assessed							
 Refugee / Humanitarian Unauthorised person Overseas Visitor Illegal Foreign Fisher 	13. Australian-born child (aged less than 15 years) with							
□ Overseas Visitor □ Treaty visitation rights	one or more parents born in a high-risk country							
□ Other (specify): □ Unknown	□ Yes □ No □ Not assessed							
	14. None of the above risk factors \Box							
	15. Other (<i>snecify</i>)							
Health undertaking:								
(Was the person on a TB (Health) undertaking at the time of diagnosis?)								
□ Yes	Medical Presentation							
🗆 No	What factors led to the diagnosis of TB?							
□ Australian born	□ Seen by a Local Medical Officer (or specialist)							
□ Unknown	because of TB related symptoms							
TB selected risk factors:	□ The diagnosis resulted from an active TB screening (specify the reason for screening)							
 Household member of close contact with TB 								
□ Yes □ No □ Not assessed								
2. Ever resided in a correctional facility	☐ The diagnosis was incidental to an investigation for							
☐ Yes ☐ No ☐ Not assessed	non-TB pathology							
3. Ever resided in an aged care facility ☐ Yes ☐ No ☐ Not assessed	First health contact:							
4. Ever employed in an institution (correctional	(Has the case presented to a health care provider for							
facility, aged care facility, homeless shelter)	assessment of symptoms consistent with TB or for							
\Box Yes \Box No \Box Not assessed	asymptomatic screening)							
5. Ever employed in the Australian health industry	□ Yes (if yes, specify date) □ No							
(including health laboratories) □ Yes □ No □ Not assessed	d d/m m/y y y y							
6. Ever employed in health industry overseas	Case Classification:							
(including health laboratories)	□ New Case □ Unknown							
\Box Yes \Box No \Box Not assessed	□ Relapse following full treatment only in Australia							
1	□ TB following partial treatment only in Australia							

Notification ID:	Family name:	Given names:						
Medical Presentation (continued)	Laboratory (continued)						
Pulmonary TB site:		10. Skin						
□Pulmonary only		\Box Positive \Box Negative \Box Not tested						
□Pulmonary plus other sites		11. Pus						
(specify extra pulmonary site(s) bel	ow)	\Box Positive \Box Negative \Box Not tested						
□Extra pulmonary only		12. Not tested \Box						
(specify extra pulmonary site(s) bel	ow)	13. Other (<i>specify</i>)						
Extra pulmonary site(s) of dise	ease:							
□ Pleural □ Lymph node								
□ Bone/joint □ Genito/urina	ry	Other specimens isolated by culture:						
Disseminated (2 or more non-co	ntiguous sites or	1. Bronchoscopy either washings or aspirate						
military or positive blood culture)		□ Positive □ Negative □ Not tested						
	ncluding all GI sites)	2. Lymph node						
□ Other (specify)		□ Positive □ Negative □ Not tested						
□ No extra pulmonary sites		3. Pleural fluid						
		 ☐ Positive ☐ Negative ☐ Not tested 4. Pleural fluid 						
HIV status:		4. Pleural fluid □ Positive □ Negative □ Not tested						
\Box HIV positive \Box HIV tested	, results unknown	5. Gastric aspirate						
\Box HIV negative \Box Not tested		\square Positive \square Negative \square Not tested						
\Box Refused testing \Box HIV testing	g history unknown	6. Bone/joint fluid						
Laboratory		\square Positive \square Negative \square Not tested						
Sputum:		7. Peritoneal						
Sputum collected: \Box Yes <i>(if yes, dc</i>	ate collected) \Box No	\square Positive \square Negative \square Not tested						
		8. CSF						
d d/m m/y y y y		□ Positive □ Negative □ Not tested						
Microscopy result:		9. Genitourinary						
□ Positive □ Negative		\Box Positive \Box Negative \Box Not tested						
□ Not Tested □ Unknown		10. Skin						
Culture result:		\Box Positive \Box Negative \Box Not tested						
\Box Positive \Box Negative		11. Pus						
□ Not Tested □ Unknown		□ Positive □ Negative □ Not tested						
		12. Other (<i>specify</i>)						
Other specimens detected by n								
1. Bronchoscopy either washings	<u>^</u>							
e	Not tested	Histology						
2. Lymph node		Histology: □ Positive □ Negative						
e	Not tested	5						
3. Pleural fluid	Not toot al	□ Not Tested □ Unknown						
☐ Positive ☐ Negative ☐4. Pleural biopsy	Not tested	Nuclaia agid testing						
A 9	Not tested	Nucleic acid testing:						
5. Gastric aspirate	Not lested	□ Positive □ Negative						
-	Not tested	□ Not Tested □ Not interpretable						
6. Bone/joint fluid	Not tested	Unknown						
e e	Not tested							
7. Peritoneal	The tested							
	Not tested							
8. CSF								
	Not tested							
9. Genitourinary								
-	Not tested							

Notification ID:		Family name: Given names:												
				Lab	orat	tory	(contin	nued)						
Susceptibilities:							Susceptibilities (continued):							
1. Isoniazid							8. Kanamycin							
☐ Susceptible2. Rifampicin	□ Res	istant	\Box Not tested				ceptible		Resistant			Not tested		
□ Susceptible	□ Res	istant	□ Not tested				🗆 Sus	ceptible fabutin		Resistant	5	\Box Not tested		
3. Pyrazinamide □ Susceptible	□ Res	istant	□ Not tested			🗆 Sus	ceptible		Resistant	-	\Box Not tested			
4. Ethambutol □ Susceptible	🗆 Res	istant	□ Not tested				🗆 Sus	ofazimin ceptible		Resistant		□ Not tested		
5. Steptomycin □ Susceptible	🗆 Res	istant	□ Not tested				•	closerin ceptible		Resistant	-	□ Not tested		
6. Fluroquinolone			n, Ofloxa	acin,			13. PAS							
Moxifloxacin,			— N	_ 4 _ 4	4 - 1		□ Susceptible □ Resistant 14. Linezolid					Not tested		
☐ Susceptible 7. Ethionamide/P	□ Res rothiona			ot test	tea			ceptible	П	Resistant		□ Not tested		
□ Susceptible	□ Res			ot test	ted		15. Amikacin			Resistan				
							🗆 Sus	ceptible		Resistant	;	\Box Not tested		
					T	reat	tment							
Date Treatment	comme	enced:	d d/	m r	n/y	у	уу		□ Not	treated				
Drugs used	ſ	L	First c	ourse					Seco	nd course	(if ap	plicat	ole)	
	Doses	Start	Cease	Dai	ily*	Г	hrice	Doses	Start	Cease	Da		Thrice	
		date	date	0	U	we	ekly**		date	date	0	U	weekly**	
Isoniazid (H)														
Rifampicin (R)														
Ethambutol (E)														
Pyrazinamide (Z)														
*Daily O = Observed	· •	ised treat	ment; Da	ily U :	= Uns	super	vised trea	atment	**Intern	nittent trea	tmen	t mus	t be supervised	
Treatment outco	ome:													
\Box Cured	□ Cured □ Completed treatment													
□ Interrupted treat	tment	\Box Died of TB												
\Box Died of other ca	use	e 🗆 Defaulter												
□ Treatment failure □ Transferred out of the country														
□ Still under treatment □ Not followed up, outcome unknown														
Details of Medical Practitioner/ Specialist managing this condition					Not		Medical ferent fr			ner				
Doctor's name:			Phone number:			-	Doctor	's name:		Phone				
Address:						Addres	S:							
Doctor's signature:		Date:				Doctor's signature: Date:								