**TB Index Case Contact Screening Form**

Health district: PHC centre/Hospital TB control unit: Date of screening: / /

Index case Name: Age: Type of TB: TB registration number:

Contact information:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Name | Age | Sex | Symptoms  present1  (Y/N) | Risk factors for disease2  (Y/N) | If symptoms, then sputum microscopy  (Y/N) | Sputum microscopy result  (POS/NEG) | If symptoms, then referred3  (Y/N) | If no symptoms, eligible for IPT4  (Y/N) | Final management  1. TB treatment  2. IPT  3. Nil |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |

1. Possible symptoms: cough, fever, weight loss, night sweats, lethargy or fatigue, chest pain, neck swelling. The presence of any symptom (one or more) requires further assessment for possible TB disease. Acute cough and fever are common in young children but is “suggestive” of TB if persistent and not improving despite other treatment (e.g., antibiotics or anti-malarials – IMCI approach)
2. Risk factors for disease include young child (<5 years of age) or HIV-infected of any age.
3. Fill in **Referral Form for symptomatic TB contact** and **Referral register**
4. Fill in **IPT register** if eligible for IPT