



CureTB Transnational Notification

OMB APPROVED
CONTROL NO 0920-1186
EXP DATE: 06/30/2020

Division of Global Migration and Quarantine | E-mail: curetb@cdc.gov | Telephone: 619-542-4013 |
Fax For California: 619-692-8020 | Fax For other areas: 404-471-8905 | Web address: www.cdc.gov/usmexicohealth/curetb.html

¹Referring Jurisdiction: _____
City _____ County _____ State _____ ¹Date sent: _____

¹Contact person: _____ ¹Telephone: _____ Ext: _____ Fax: _____

Referring Agency: _____ E-Mail Address: _____

Verified TB: RVCT#: -- or Not reported
Year reported State (9 digits/letters)

ICE A# BOP#

Suspected TB: Clinical History request (specify year): _____ Immunocompromised (specify): _____

A. Patient

¹Name: _____ Paternal _____ Maternal _____ First _____ Middle _____ Sex: M F
Alias: _____ DOB: _____ E-Mail: _____
Check if patient/parent not currently home. Current location: _____ Tel: _____

B. Info. in U.S.

Number _____ Street _____ Apt _____ City _____
Home Phone: _____ Cell: _____
County _____ State _____ Zip code _____
Contact person in the U.S.: Name: _____ Home Phone: _____ Cell: _____
Relationship: _____

C. Destination Country

Number _____ Street _____ Apt _____ City _____
Country: _____
County _____ State _____ Zip code _____ State: _____
Contact person at the destination: Name: _____ Home Phone: _____ Cell: _____
Relationship: _____ Home Phone: _____ Cell: _____

D. Clinical Information

Information for: This referred patient Other, specify: _____
Site(s) of disease: Pulmonary Other(s), specify: _____
HIV Diabetes No Symptoms Symptoms,specify: _____

² Date of collection	² Specimen type	² Smear	Culture	Susceptibility	Date	² Imaging

Other tests (specify): _____

E. Medication

For: this referred patient Not started

Drug	Dose	Start date	Stop date

Comments: _____

Expected move date: _____ Patient given _____ days of medication

1. Fields required to initiate the referral process
2. Please send imaging and laboratory reports as attachments
3. Please attach additional information, as needed.
Revised 05/2018
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-004
CS281360A