



CureTB Transnational Notification

OMB APPROVED
CONTROL NO 0920-1186
EXP DATE: 01/31/2021

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