

## TUBERCULOSIS REGISTRY

For use of this form, see DA PAM 40-11; the proponent agency is OTSG.

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. Chapter 55; Army Regulation 40-407.

**PRINCIPAL PURPOSE:** To provide a means for case management and surveillance of Latent Tuberculosis Infection (LTBI).

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. NOTE: This system of records contains individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

**DISCLOSURE:** Mandatory. Mandatory reporting provides the information necessary for public health officials to protect the public's health by tracking communicable disease and other conditions. Notification allows public health officials to treat persons already ill, provide preventive therapies for individuals who came into contact with infectious agents, and investigate and halt outbreaks. It also allows for assessment of broader patterns by historical trends or geographic clustering. Armed with this knowledge, public health officials can take action by redirecting programs or developing new policies.

1. NAME (Last, First, MI)												1	2	3	4	5	6	7	8	9	10	11	12
2. DATE OF BIRTH (YYYYMMDD)			3. STATUS <input type="checkbox"/> AD <input type="checkbox"/> RET <input type="checkbox"/> DEP			4. BRANCH <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> AF <input type="checkbox"/> OTHER (Specify)																	
5. SPONSOR			6. RANK			7. UNIT ADDRESS						8. DUTY PHONE											
9. HOME ADDRESS (Include Zip Code)												10. EMAIL ADDRESS			11. HOME PHONE								

12. ACTIVE CASE				
ADMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	ADMITTED DATE (YYYYMMDD)	DISCHARGE DATE (YYYYMMDD)	*ATS CODE	CONTACTS CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO

13. CONTACT		CONTACT OF		DATE CONTACT TERMINATED (YYYYMMDD)
<input type="checkbox"/> CLOSE	<input type="checkbox"/> CASUAL			

14. CONVERTER/REACTOR					
SKIN TEST RESULTS			LAST NEGATIVE SKIN TEST		CONTACTS CHECKED
DATE (YYYYMMDD)	TYPE	SIZE	DATE (YYYYMMDD)	TYPE	<input type="checkbox"/> YES <input type="checkbox"/> NO

15. DRUG REGIMEN				
DATE STARTED (YYYYMMDD)	TYPE	DOSE	FREQUENCY	LENGTH OF THERAPY

16. REPORTED TO STATE/LOCAL HEALTH DEPARTMENT (If yes, list name of State or Local Health Department and date reported.)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

17. X-RAY FINDINGS			
DATE (YYYYMMDD)	TEST RESULTS	DATE (YYYYMMDD)	NOTES

18. RETURN VISIT ACTIONS (Use pencil).			

\*American Thoracic Society standard diagnostic and therapeutic code.