



Do Not Board/Public Health Lookout Consultation Request

Submit this form to request a Do Not Board (DNB) or Public Health Lookout (LO) consultation to the Tuberculosis and Hansen’s Disease Unit Epidemiology Team for any person with confirmed or suspected TB who plans to cross a United States (U.S.) border and/or board a commercial aircraft and is infectious or likely infectious.

Please attach the form to the National Electronic Disease Surveillance System (NEDSS) Investigation and send email notification to TBEpi@dshs.texas.gov if the patient is at risk of travel. Fields may be left blank if information is pending. Submit copies of bacteriology reports, imaging reports, and other relevant documents as they become available.

DNB/LO Criteria: Select all that apply.

Infectious or likely to be infectious -OR- at risk of becoming infected with a communicable disease
AND
 Unaware of diagnosis; or has been advised regarding diagnosis and is non-adherent with public health recommendations; or there is a reason to believe the individual will become non-adherent; or unable to be located
OR
 At risk of traveling on a commercial flight or if travelling internationally
OR
 Need to be place on DNB/LO list to respond to a public health outbreak or help enforce a public health order

A. Case Information	
Patient Name:	NEDSS Investigation ID:
Date of Birth:	Public Health Jurisdiction:
Address:	Passport Number (if known):
Sex At Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizenship/Immigrant Status (if known): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other
Country of Birth:	
English Speaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language (if not English):
B. Clinical Information	
Symptom Onset Date:	Chest X-ray Date: <input type="checkbox"/> Not Done
<input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Night Sweats <input type="checkbox"/> Weight Loss <input type="checkbox"/> Other, please specify:	CXR Results: <input type="checkbox"/> Normal <input type="checkbox"/> Consistent with TB
	CXR Cavitory? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Chest CT Date: <input type="checkbox"/> Not Done
IGRA Performed? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date:	CT Results: <input type="checkbox"/> Normal <input type="checkbox"/> Consistent with TB
Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate <input type="checkbox"/> Borderline <input type="checkbox"/> Not Performed	Chest CT Cavitory? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Co-morbidities:



C. Bacteriology (Enter all bacteriology results available to date)

Table with 5 columns: Collection Date, Specimen Source Site, AFB Smear Result, Culture Result, NAAT Result

DST Done: Yes No Unknown MDDR Done: Yes No Unknown

DST Results: MDDR Results:

D. Treatment Information

Started on Treatment? Yes No Unknown Started on RIPE? Yes No Unknown

Treatment Start Date: If not RIPE, Specify Regimen:

E. Additional Comments:

F. Patient Social History

Describe any medical or social risk factors. Provide any information on family members the patient is likely to travel to visit or locations where they are likely to cross the border.

G. Travel

Does patient have imminent (suspected or confirmed) travel plans? Yes No Unknown

If yes, expected travel date: Patient intends to travel outside the U.S.? Yes No Unknown

Describe any known or suspected travel plans. Include information such as airport, airline, flight number, destination, etc. if available

H. Health Department Actions to Date

History of non-compliance with treatment plan and/or public health recommendations? Yes No Unknown

Has patient signed Order to Implement and Carry Out Measures or equivalent? Yes No Unknown

Provide information on the patient's adherence to treatment and public health recommendations.

Describe attempts to locate the patient, any legal steps taken such as Court Order Management, etc.



I. Cure TB Referral	
Has a Cure TB Referral been made for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
If yes, Date Referral Submitted:	If yes, Date Confirmed Received:
Additional Information:	

J. 24/7 Plan of Action:				
Who is to be contacted when the individual is located (all stakeholders, TBC officials, including after-hours phone numbers):				
J.1. Monday to Friday, Business Hours Plan of Action				
Points of Contact List all persons who should be contacted if the patient has been intercepted trying to board a plane or cross the border				
Name	Title	Phone Number	Email	Primary/Back-up
Interception Plan: Describe steps that will be taken if notified the patient has been intercepted trying to board a plane or cross the border on a weekday during business hours. Consider transportation and if the patient will require hospitalization or isolation.				
J.2. Holidays, Weekends, Outside Business Hours Plan of Action				
Points of Contact List all persons who should be contacted if the patient has been intercepted trying to board a plane or cross the border				
Name	Title	Phone Number	Email	Primary/Back-up
Interception Plan: Describe steps that will be taken if notified the patient has been intercepted trying to board a plane or cross the border on a holiday, weekend, or outside of business hours. Consider transportation and if the patient will require hospitalization or isolation.				