

Division of Tuberculosis and Newcomer Health  
Emergency Evacuation Planning Form

Please complete one form for each TB client in the following categories who may be evacuated during an emergency event and fax to 804-416-5178. **Give a copy of this form to the client.**

- Active TB cases on treatment
- Presumptive TB cases on treatment
- Contacts to MDR-TB on LTBI treatment
- Contacts receiving window period treatment

**Provide surgical masks to any infectious client.** The client should seek assistance at a health department near their temporary location as soon as emergency conditions permit. For questions or if assistance in locating a local health department the client should call 804-864-7906.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

INFECTIOUS: NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, date last + smear \_\_\_\_\_

Susceptibilities Known: NO \_\_\_\_\_ YES \_\_\_\_\_

Resistance NO \_\_\_\_\_ YES \_\_\_\_\_ List: \_\_\_\_\_

Treatment Start Date \_\_\_\_\_ (If applicable use blank boxes for Second-line TB drugs)

Drug	Total single dose	Frequency	Comments
INH			
Rifampin			
Ethambutol			
Pyrazinamide			

Evacuation Plans: \_\_\_\_\_

\_\_\_\_\_

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