



# Public Health Notification to U.S. Immigration & Customs Enforcement (ICE)

Referring Jurisdiction:

## Client Information

Last Name:  First Name:  Date of Birth:   
(MM/DD/YYYY)  
Alias:  A Number (if known):

**ICE Detainment Details:** (if A number unknown)  
Date Picked Up by ICE:  City Picked Up by ICE:   
Time Picked Up by ICE:  State Picked Up by ICE:

## Diagnosis Information

**Diagnosis:**  Active TB (Infectious)  Active TB (Non-infectious)  Latent TB Infection (LTBI)

Date of Diagnosis:  Infectious Period End Date:  N/A

## Treatment Information

**Treatment Initiated?**  Yes  No

Treatment Plan:

Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>

Date of Last Dose Administered:  (MM/DD/YYYY)

**Treatment Complete?**  Yes  No

Date of Treatment Completion:  (MM/DD/YYYY)

Health Department:  Health Department Contact Name:  Phone #:

Send completed form via email with the subject line **“TB Management Notification - Community”** to:

CAPT Jessica Clark [Jessica.S.Clark@ice.dhs.gov](mailto:Jessica.S.Clark@ice.dhs.gov)  
CDR Deana Foster [Deana.M.Foster@ice.dhs.gov](mailto:Deana.M.Foster@ice.dhs.gov)  
LCDR Jasmine Cresanta [jasmine.cresanta@ice.dhs.gov](mailto:jasmine.cresanta@ice.dhs.gov)