

Positive Tuberculin Skin Test (TST) Reporting Form

Under the Health Protection and Promotion Act, diagnoses of Tuberculosis (TB) infection and/or disease must be reported to Public Health. This includes:

- All patients with clinical, suspected and lab confirmed cases of TB disease (pulmonary and extra-pulmonary)
- All patients with latent TB infection (LTBI), indicated by a positive tuberculin skin test (TST), regardless of plans for prophylaxis. (Refer to the *Canadian Tuberculosis Standards*, 7th edition for guidelines on reading a TST and follow-up of a positive skin test).

If you think your patient may have active TB, please call 613-966-5500 x349 immediately

**PLEASE FAX FORM, WITH APPROPRIATE SECTION(s) COMPLETED, TO
INFECTIOUS & COMMUNICABLE DISEASES AT 613-966-1813 (CONFIDENTIAL)**

Patient: _____ Last Name _____ First Name		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
DOB: (yyyy/mm/dd)	Health Card:	Phone:
Address:		Postal Code:
Birth Place: <input type="checkbox"/> Canada <input type="checkbox"/> Other (specify): _____		Date of entry to Canada:
History of BCG vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		Age BCG given:

Section 1 - Tuberculin Skin Test Reporting

To be completed in full by person planting and/or reading positive TST

Plant Date _____ yyyy/mm/dd	Read Date _____ yyyy/mm/dd	Induration: _____ mm	Result: <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> indeterminate
Plant Date _____ yyyy/mm/dd	Read Date _____ yyyy/mm/dd	Induration: _____ mm	

Reason for testing: school work volunteer contact medical

Health Care Provider Name	Clinic Office Address/Phone
Signature/Designation	

Has the above patient been referred to another health care provider (HCP) for assessment and chest x-ray? (Section 2 – see reverse)

- No – **Continue to Section 2** and complete assessment/follow-up of positive TST information
- Yes – HCP Name: _____ Phone: _____
(please provide patient with copy of this form for completion by HCP)

OR Would you like Public Health to refer patient to a Respiriologist for follow-up?

- Yes (please inform your patient to expect a phone call from a Public Health Nurse)

**PLEASE FAX FORM WITH APPROPRIATE SECTION COMPLETED TO
INFECTIOUS & COMMUNICABLE DISEASES AT 613-966-1813 (CONFIDENTIAL)**

Patient Name _____
(LAST, first)

DOB: _____
(yyyy/mm/dd)

**Section 2 – Assessment of Patient with Positive Tuberculin Skin Test
and/or positive Interferon Gamma Release Assay (IGRA)**

**To be completed by HCP providing assessment of positive TST
If a TST or IGRA is positive, please order a chest x-ray & attach copy of result**

Interferon-Gamma Release Assay (IGRA) if applicable:	Date: _____	Result (please attach copy): <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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Chest x-ray:	Date: _____	Result (please attach copy): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
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TB-like Symptoms:

<input type="checkbox"/> None	<input type="checkbox"/> cough > 2 weeks	<input type="checkbox"/> fever	<input type="checkbox"/> weight loss
<input type="checkbox"/> Yes - onset date: _____	<input type="checkbox"/> night sweats	<input type="checkbox"/> fatigue	<input type="checkbox"/> loss of appetite
	<input type="checkbox"/> hemoptysis		

If patient is symptomatic and/or active TB is suspected, collect 3 sputum samples (taken at least 1 hour apart) and submit for microscopy and culture. Please fax results when available.

Sputums done? No Yes – Date: _____

Medical Risk Factors: none HIV/AIDS diabetes renal failure head/neck cancer
immunosuppressive therapy/disease

Other Risk Factors:

<input type="checkbox"/> Travel (specify) _____	<input type="checkbox"/> Known exposure to active TB
<input type="checkbox"/> Aboriginal descent	<input type="checkbox"/> Aboriginal contact
<input type="checkbox"/> Lives or has lived in aboriginal community	

Has TB disease (active TB) been ruled out? Yes No

Are you prescribing anti-tuberculosis medication for:

■ TB disease: No Yes ■ Latent Tuberculosis Infection (LTBI): No Yes

If Yes, please provide a complete prescription for your patient and have him/her contact Public Health to receive publicly funded tuberculosis medications. 613-966-5500 x 349

(Refer to the *Canadian Tuberculosis Standards*, 7th edition, for interpretation of positive TST guidelines and treatment recommendations.)

OR - Would you like Public Health to refer this patient to a Respirologist for follow-up?
 No Yes (If Yes, please inform your patient to expect a phone call from a Public Health Nurse)

Health Care Provider Name	Clinic Address/Phone:
Signature / Designation	

Personal and personal health information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O 1990, c.H.7,s.26;R.R.O. 1990, Reg.569, s.1(2), amended and in accordance with PHIPA and will be used for assessment, management, treatment and reporting purposes. Questions about this collection should be addressed to the Privacy Officer at Hastings Prince Edward Public Health, 179 N. Park St, Belleville ON K8P 4P1. 613-966-5500 or 1-800-267-2803 | TTY: 711 or 1-800-267-6511