Tuberculosis (TB) Physician Reporting Form

Last Name: **First Name:**	**Date of Birth:** YYYY-MMM-DD	**Gender:**
Address:	**Country of birth:**	**Date of Arrival:**
Phone: (H): **(C):**	**Province:** **Language:**	YYYY-MMM-DD

Physician Assessment

☐ **Bacille Calmette-Guerin (BCG) Vaccination History** ☐ Yes Date: ☐ No ☐ Unknown

Reason for testing:
☐ Symptoms ☐ Employment ☐ Pre-biologics ☐ Volunteer Work ☐ Contact of Case ☐ School ☐ Other:

Testing:
☐ **Step 1 Tuberculin Skin Test (TST)** Date Given: Date Read: Result: mm induration

☐ **Step 2 TST** Date Given: Date Read: Result: mm induration

☐ **Recent chest x-ray (within last 6 months)** Date: ☐ Report faxed to Public Health

☐ **Interferon-Gamma Release Assay (IGRA)** Date: Result: ☐ Report faxed to Public Health

Note: If step 1 TST is positive, **do not repeat.** If previous documented positive TST or previous treatment, **do not test.** HIV testing is recommended for all positive TST and/or IGRA results.

Symptoms of TB: ☐ No ☐ Yes **(check all that apply)**
☐ Cough ☐ Fever ☐ Night Sweats ☐ Fatigue ☐ Loss of appetite ☐ Shortness of breath ☐ Weight loss: kg
☐ Hemoptysis ☐ Pain ☐ Other:

If patient is symptomatic or has an abnormal chest x-ray indicating TB disease, call Halton Region Public Health immediately at 905-825-6000 ext. 7341, instruct patient to isolate at home and order sputum collection x 3, 1 hour apart for Acid Fast Bacilli (AFB) and TB culture.

Behavioural/Social Risk Factors ☐ None identified	**Medical Risk Factors** ☐ None identified
☐ Lived in endemic country	☐ HIV/AIDS
☐ Prolonged travel to a TB endemic country	☐ Cancer
☐ Close contact of a case	☐ Renal Disease
☐ Alcohol-dependent	☐ Diabetes
☐ Smoker	☐ Immunosuppressed – Biologics/Disease
☐ Homeless/under housed	☐ Organ transplant
☐ Mental health condition	☐ Silicosis
☐ Injection drug user	☐ Other:

Education/Intervention (check all that apply)

☐ Signs and symptoms of TB discussed	☐ Latent Tuberculosis Infection (LTBI) treatment discussed
☐ When to seek medical attention discussed	☐ LTBI treatment is not recommended
☐ Referred patient to Halton website	☐ LTBI treatment is refused by client
☐ Patient referred to Infectious Disease (ID) specialist/Respirologist Dr. Appointment Date:	☐ LTBI treatment prescribed – **Order through Pharmex Direct Inc. Tel: 905-847-8224 or Fax: 905-847-8271**

Fax completed form with chest x-ray report to:
Halton Region Public Health
Infectious Disease Control Division
Phone: 905-825-6000 Fax: 905-825-8797
www.halton.ca

Physician name:
Address:
Phone: **Fax:**
Signature: **Date:**