Tuberculosis (TB) Health Care Provider Reporting Form

Last Name: **First Name:** **Address:** **Phone:** **Country of birth:** **Province:**	**Date of Birth:** YYYY- MM-DD **Country of birth:** **Province:**	**Gender:** Select One **Date of Arrival:** YYYY- MM-DD

Health Care Provider (HCP) Assessment

Reason for testing:

☐ Symptoms ☐ Employment ☐ Pre-biologics ☐ Volunteer Work ☐ Contact of Case ☐ School
☐ Other (Specify): _____

Tuberculin Skin Test Step 1:

Date Given: _____ Date Read: _____
YYYY-MM-DD YYYY-MM-DD

Result: _____ mm induration (specify measurement)

Note: If step 1 TST is positive, **do not repeat.**
If previous documented positive TST or previous TB treatment, **do not test.**

Tuberculin Skin Test Step 2:

Date Given: _____ Date Read: _____
YYYY-MM-DD YYYY-MM-DD

Result: _____ mm induration (specify measurement)

Note: HIV testing is recommended for **all positive** TST and/or IGRA results

Interferon-Gamma Release Assay (IGRA):

Date Given: _____ Result: _____ ☐ Report **must be** faxed to Halton Region Public Health
YYYY-MM-DD

Recent Chest X-Ray (CXR) (within the last 6 months)**:**

Date: _____ ☐ Report **must be** faxed to Halton Region Public Health
YYYY-MM-DD

Symptoms of TB: ☐ No (Asymptomatic) ☐ Yes **(check all that apply)**

☐ Cough ☐ Fever ☐ Night Sweats ☐ Fatigue ☐ Loss of appetite ☐ Shortness of breath ☐ Hemoptysis
☐ Weight loss: ____ lbs/kg ☐ Other: _____

If patient is symptomatic or has an abnormal CXR indicating active TB disease:

- Call Halton Region Public Health to report a suspect TB case at 905-825-6000 ext. 7341
- Instruct patient to isolate at home
- Order sputum specimens for Acid Fast Bacilli (AFB) and TB culture x 3 (must be collected at least 1 hour apart), use the General Test Requisition from the Public Health Ontario Laboratory**.**

Education/Intervention (check all that apply)

☐ Signs and symptoms of TB discussed
☐ When to seek medical attention discussed
☐ Reviewed TB information on www.halton.ca
☐ Referred to Specialist:
Dr._____
Appointment Date: _____

☐ TB infection (TBI) treatment discussed
☐ TBI treatment is not recommended
☐ TBI treatment is refused by client
☐ TBI treatment prescribed:
Fax/phone prescription to Pharmex Direct Inc.
Office: 905-847-8224 or Fax: 905-847-8271

Fax completed form with CXR report to:
Halton Region Public Health
Infectious Disease Control Division
Fax: 905-825-8797

HCP Name: _____
Address: _____
Tel: _____ **Fax:** _____
Signature: _____ **Date:** _____

Regional Municipality of Halton
HEAD OFFICE: 1151 Bronte Rd, Oakville, ON L6M 3L1
905-825-6000 | Toll free: 1-866-442-5866

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