

Tuberculosis (TB) Reporting and Medication Order Form

Please complete and fax this form and chest x-ray report to 905-825-8797

Last Name:	First Name:	Date of Birth: <small>YYYY-MM-DD</small>	Gender: Select One
Address:		Country of birth:	Date of Arrival: <small>YYYY-MM-DD</small>
Phone:		Province:	
Reason for testing: Symptoms Employment Pre-biologics Volunteer Work Contact of Case School Other (Specify): _____			
Tuberculin Skin Test Step 1: Date Planted: <small>YYYY-MM-DD</small> Date Read: <small>YYYY-MM-DD</small> 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 Planted: <small>YYYY-MM-DD</small> Date Read: <small>YYYY-MM-DD</small> Result: _____ mm induration (specify measurement) Note: HIV testing is recommended for all positive TST and/or IGRA results	
IGRA*: Testing Date: _____ Result: Positive Negative			
Patients with positive TST/IGRA require: <input checked="" type="checkbox"/> Symptom assessment and physical exam <input checked="" type="checkbox"/> Chest x-ray* (within six months) Date: <small>YYYY-MM-DD</small>			
*Fax report to public health			
Symptoms of TB: No (Asymptomatic) Yes (check all that apply) Cough Fever Night Sweats Fatigue Hemoptysis 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 Monday to Friday 8:30am – 4:30pm at 905-825-6000 ext. 7341. Call 311 to report after hours, holidays and weekends. 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.			
Health Education and Follow-Up (check all that apply)			
Reviewed signs and symptoms of active TB		TB infection (TBI) treatment discussed	
When to seek medical attention discussed		TBI treatment is refused by client	
Reviewed TB information on www.halton.ca		TBI treatment prescribed (see below)	
Referred to Specialist: Dr. _____			
TB Preventive Treatment (TPT) Prescription			
Medication	Prescription (oral daily)	Mitte (in months)	Duration (in months)
Rifampin	600 mg 450 mg other: _____ mg	1	4
Isoniazid	300 mg other: _____ mg	1	9
Pyridoxine (vitamin B6)*	25 mg other : _____ mg	1	9
*Vitamin B6 is given with isoniazid to minimize the risk of neuropathy			
HCP Name: _____		CPSO # _____	
Address: _____		Tel: _____	Fax: _____
Signature: _____		Date: _____	