

Positive Tuberculin Skin Test/IGRA Report

If active TB is suspected please notify the health unit immediately at 705-474-1400 or 1-800-563-2808 ext. 5229

Client Demographics					
Name:				□ Male □ Female	
Date of Birth: yyyy/mm/dd			Telephone:		
Current Address:			City:	Prov:	
Postal Code:			Canadian Aboriginal: ☐ Yes ☐ No		
Country of birth:			Year Arrived in Canada:		
Health Card Number:					
Tuberculin Skin Testing (TST) - Under the HPP	A, all positive	TST	s are to be reported t	o the Medical Officer of Health within 7 days;	
please fax this form to 705-474-2809					
			eer 🗆 Other (<i>specify</i>):		
Date given	Date Read			Results (mm of induration)	
yyyy/mm/dd	yyyy/mm/				
yyyy/mm/dd	yyyy/mm/	dd			
Previous TST: ☐ Yes ☐ No ☐ Unknown Date: yyy			mm/dd Result:		
History of BCG vaccine ☐ Yes ☐ No ☐ Unknown If yes, age when received					
Medical Assessment					
IGRA testing done: ☐ Yes ☐ No If yes, result:			(please include a copy of the report)		
HIV testing done: ☐ Yes ☐ No If yes, result:					
TB Symptoms Onset date:)					
T			Chronic cough of at least 2 to 3 weeks duration		
□ Fever □			Night sweats		
□ Hemoptysis □			Anorexia		
□ Weight loss □			Chest pain		
□ Fatigue □			Other (specify)		
Chest X-ray - Please fax Chest X-ray report once available to 705-474-2809					
Date: yyyy/mm/dd Normal Abnormal specify					
Sputum					
,			#1 collected on (yyyy/mm/dd): #2 collected on (yyyy/mm/dd):		
			#3 collected on (y	/yy/mm/aa):	
Follow-up and Referral Will LTBI treatment be initiated? - Please see next page No, specify reason:					
for risk factors to consider			No, specify reason: Yes – Please fax a copy of the prescription to 705-474-2809 ,		
TOT TISK factors to consider			medications to tre	· · · · · · · · · · · · · · · · · · ·	
Reported by:			medications to tre	at Elbi die nee.	
Facility/Health Care Office					
Phone Number		Fa	Fax:		
Signature:		טן	ate: yyyy/		



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Please consider the following risk factors when considering LTBI treatment. The following website can also be used as an aid in interpreting TST results http://www.tstin3d.com/index.html

Risk factors for the development of active tuberculosis among people with a positive tuberculin skin test (presumed infected with Mycobacterium tuberculosis)			
Level of Risk	Risk factors for the development of active TB for persons infected with LTBI		
HIGH RISK	AIDS		
	HIV		
	Transplantation (related to immunosuppressant therapy)		
	Silicosis		
	Chronic renal failure requiring hemodialysis		
	Carcinoma of the head and neck		
	Recent TB infection (≤ 2 years)		
	Abnormal chest x-ray – fibronodular disease		
INCREASED RISK	Tumor necrosis factor (TNF) – alpha inhibitors		
	Diabetes mellitus (all types)		
	Treatment with glucocorticoids (≥15 mg prednisone)		
	Young age when infected (0-4 years)		
SLIGHTLY INCREASED	Heavy alcohol consumption (≥ 3 drinks/day)		
RISK	Underweight (< 90% ideal weight; for most persons this is BMI of ≤ 20)		
	Cigarette Smoker (1 pack/day)		
	Abnormal chest x-ray - granuloma		
LOW RISK	Person with positive TST, no known risk factor, normal chest x-ray		
VERY LOW RISK	Person with a positive two-step TST (booster), no other known risk factor, normal		
	chest x-ray		

Source: Canadian Tuberculosis Standards – 7th Edition, 2014, p.127

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