POSITIVE TB SKIN TEST (TST) / IGRA REPORTING FORM (April 2023)

Hamilton

Please complete and fax this form and chest x-ray report to 905-546-4078 within 7 days.

Patient's Last Name, First Name Middle Name	**Date of Birth** (dd/mmm/yyyy)	**Gender** ☐ Female ☐ Male ☐ Transgender ☐ Other
Address, City, Postal Code	**Home Phone Number**	**Cell Phone Number**
Born in Canada ☐ Yes - Province: _____ ☐ No ☐ Yes - identify as: ☐ First Nation ☐ Metis ☐ Inuit ☐ Other Indigenous	**Country of Birth**	**Date of Arrival** (dd/mmm/yyyy)

Reason for Test ☐ Routine screening (includes volunteer, school, work) ☐ Medical ☐ Immigration
☐ Symptoms - Specify: _____ ☐ Other - Specify: _____

History of Positive TST: ☐ No ☐ Yes **Note:** A person with documented positive TST in mm induration does **not** require further TSTs. Proceed to chest x-ray and follow-up.

First TST	Second TST	IGRA	BCG Vaccine Hx
Date Planted: _____ (dd/mmm/yyyy) Date Read: _____ (dd/mmm/yyyy) Result: ____ mm induration	Date Planted: _____ (dd/mmm/yyyy) Date Read: _____ (dd/mmm/yyyy) Result: ____ mm induration	☐ Positive ☐ Negative ☐ N/A **Please fax IGRA result along with this form**	☐ Unknown ☐ No ☐ Yes - Year: _____

Positive TST: ✓ 10 mm or more is considered positive for most people
✓ 5 mm or more may be considered positive in specific situations listed in the Canadian TB Standards, 8th Ed., Chapter 4, Table 1

Patients with positive TST require: ✓ Symptom assessment and physical exam
✓ **Chest x-ray - Date:** _____ [redacted]
✓ Additional testing (e.g. sputum for AFB and culture) as deemed necessary

Symptom Assessment

☐ Asymptomatic ☐ Symptomatic - Specify: ☐ cough ☐ fever ☐ night sweats ☐ fatigue ☐ other: _____

If symptomatic or chest x-ray indicates TB disease: ✓ Instruct patient to isolate at home (provide masks)
✓ Collect 3 sputum specimens at least 1 hour apart
✓ Report immediately to public health at 905-546-2063

Risk Factors for TB Disease Progression

Check all that apply:

☐ **No risk factors**
☐ HIV infection
☐ Close contact of an infectious TB case (within 3 years)
☐ Age when infected - under 5 years
☐ Silicosis
☐ Chronic renal failure / hemodialysis
☐ Transplant recipient
☐ Fibronodular disease
☐ Receiving immunosuppressive drugs
  ☐ Biologics
  ☐ Moderate to high dose steroids
☐ Cancer (lung, sarcoma, leukemia, lymphoma or gastrointestinal)
☐ Granuloma on chest x-ray
☐ Diabetes
☐ Alcohol use (3 or more drinks/day)
☐ Tobacco cigarette use (1 or more packs/day)
☐ Underweight (less than 90% ideal body weight)

Note: Refer to The Online TST/IGRA Interpreter Tool at http://www.tstin3d.com to assess risk for active TB disease.

Health Education and Follow-Up

☐ Reviewed signs & symptoms of active TB and when to seek health care
☐ TB information provided - available at www.hamilton.ca/tuberculosis
☐ Referred to TB Clinic (Phone: 905-522-1155 x34198 Fax: 905-525-5806)
☐ Referred to family physician
☐ Prophylaxis discussed
☐ Prophylaxis refused

Health Care Provider Name: _____ **Date:** _____

Address: _____ **Phone:** _____ **Fax:** _____