

# POSITIVE TB SKIN TEST (TST) / IGRA REPORTING FORM (February 2025)

Public Health Services  
[www.hamilton.ca/tuberculosis](http://www.hamilton.ca/tuberculosis)  
 Phone: 905-546-2063  
 Fax: 1-844-444-0295



**Please complete and fax this form and chest x-ray report to 1-844-444-0295 within 7 days.**

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

**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: _____ <small>(dd/mmm/yyyy)</small>	Date Planted: _____ <small>(dd/mmm/yyyy)</small>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A <b>Please fax IGRA result along with this form</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes - Year: _____
Date Read: _____ <small>(dd/mmm/yyyy)</small>	Date Read: _____ <small>(dd/mmm/yyyy)</small>		
Result: _____ mm induration	Result: _____ mm induration		

**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, 8<sup>th</sup> Ed., [Chapter 4](#), Table 1

**Patients with positive TST require:** ✓ Symptom assessment and physical exam  
 ✓ **Chest x-ray - Date:** \_\_\_\_\_  
 ✓ 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:**

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

**Note:** Refer to The Online TST/IGRA Interpreter Tool at <https://tstin4d.com/> to assess risk for active TB disease.

**Health Education and Follow-Up**

<input type="checkbox"/> Reviewed signs & symptoms of active TB and when to seek health care	<input type="checkbox"/> Referred to family physician
<input type="checkbox"/> TB information provided - available at <a href="http://www.hamilton.ca/tuberculosis">www.hamilton.ca/tuberculosis</a>	<input type="checkbox"/> Prophylaxis discussed
<input type="checkbox"/> Referred to TB Clinic (Phone: 905-522-1155 x34198 Fax: 905-525-5806)	<input type="checkbox"/> Prophylaxis refused

**Health Care Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_