

POSITIVE TB SKIN TEST (TST) / IGRA REPORTING & MEDICATION ORDER FORM

Public Health Services
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.

Patient's Last Name, First Name Middle Name		Date of Birth (dd/mmm/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other
Address, City, Postal Code		Home Phone Number	Cell Phone Number
Born in Canada <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		Country of Birth	Date of Arrival (dd/mmm/yyyy)
Reason for Test	<input type="checkbox"/> Routine screening (includes volunteer, school, work) <input type="checkbox"/> Medical <input type="checkbox"/> Immigration <input type="checkbox"/> Symptoms - Specify: _____ <input type="checkbox"/> Other - Specify: _____		History of BCG <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes - Year: _____
TST	Date Planted: _____ Date Read: _____ Result: _____ mm induration (dd/mmm/yyyy) (dd/mmm/yyyy)		
IGRA	Testing Date: _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate (dd/mmm/yyyy)		
Positive TST: <input checked="" type="checkbox"/> 10 mm or more is considered positive for most people <input checked="" type="checkbox"/> 5 mm or more may be considered positive in specific situations listed in the Canadian TB Standards, 8 th Ed., Chapter 4 , Table 1			
Patients with positive TST/IGRA require: <input checked="" type="checkbox"/> Symptom assessment and physical exam <input checked="" type="checkbox"/> Chest x-ray - Date: _____ Fax result to public health			
Symptom Assessment			
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic - Specify: <input type="checkbox"/> cough <input type="checkbox"/> fever <input type="checkbox"/> night sweats <input type="checkbox"/> fatigue <input type="checkbox"/> other: _____			
If symptomatic or chest x-ray indicates TB disease: <input checked="" type="checkbox"/> Instruct patient to isolate at home (provide masks) <input checked="" type="checkbox"/> Collect 3 sputum specimens at least 1 hour apart <input checked="" type="checkbox"/> Report immediately to public health at 905-546-2063			
Risk Factors for TB Disease Progression (check all that apply)			
<input type="checkbox"/> No risk factors <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"/> Granuloma on chest x-ray		<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"/> 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, TSTin4D The Online TST/IGRA Interpreter to assess risk for active TB disease.			
Health Education and Follow-Up (check all that apply)			
<input type="checkbox"/> Reviewed signs & symptoms of active TB and when to seek health care <input type="checkbox"/> TB information provided - available at www.hamilton.ca/tuberculosis <input type="checkbox"/> Treatment prescribed (refer to TPT Prescription Section) <input type="checkbox"/> Referred to TB Clinic (Phone: 905-522-1155, Ext. 34198 Fax: 905-525-5806)		<input type="checkbox"/> Referred to family physician <input type="checkbox"/> Treatment discussed <input type="checkbox"/> Treatment refused	
TB Preventive Treatment (TPT) Prescription (Refer to TPT Quick Reference)			
Medication	Prescription (oral daily)	Mitte (in months)	Duration (in months)
Rifampin	<input type="checkbox"/> 600mg <input type="checkbox"/> 450 mg <input type="checkbox"/> other: _____ mg	1	4
Isoniazid	<input type="checkbox"/> 300mg <input type="checkbox"/> other: _____ mg	1	9
Pyridoxine (vitamin B6)*	<input type="checkbox"/> 25mg <input type="checkbox"/> other: _____ mg	1	9
* Vitamin B6 is given with isoniazid to minimize the risk of neuropathy			
Health Care Provider Name: _____ CPSO #: _____ Date: _____ Signature: _____ Address: _____ Phone: _____ Fax: _____			