

Positive TB Skin Test / IGRA Report

Fax: 519-663-8241

Health Care Provider Information

Name:	Last	First	Date:	(YYYY/MM/DD)
Address:			City/Town:	
Postal Code:		Phone:	Fax:	

Patient Information

Name:	Last	First	DOB:	(YYYY/MM/DD)
Address:			City/Town:	
Postal Code:		Phone:	Gender:	M F

Positive TB Skin Test (TST) / IGRA Report

Reason for TB Screening:	Medical Follow Up	Specify:
Routine Screen	Pre-Employment	Occupation:
Corrections	School Requirement	Study area:
Volunteer	Contact of an Active Case	Relationship:
Immigration Screen	Date of Arrival:	Country of Birth:
Other:		

Testing

TST		IGRA	
#1	#2		
Date Placed:	Date Placed:	Date:	Result: IU/ml
Result: mm	Result: mm	(values of >0.34 IU/ml are considered POSITIVE)	

Symptom Review

New or worsening cough	Night sweats	Weight loss	Chest pain	Other
Hemoptysis	Fever / chills	Loss of appetite	Fatigue	None

Follow Up

Sputum:	Chest X-Ray:	Date:	Normal	Abnormal
#1 Date: Result:	Check all that apply:	No active disease	Densities	Granulomas
#2 Date: Result:		Calcifications	Opacities	Scarring
#3 Date: Result:		Cavitary lesions	Nodules	Pleural thickening
		Calcified granuloma	Other	

Medical History

AIDS/HIV	Heavy alcohol use (>3drinks/day)	Age when infected (<5years)
Chronic renal failure	Underweight (BMI≤20)	Recent TB infection
Carcinoma of the head/neck	Tx with chemotherapeutic agents	Cigarette smoking (1+ppd)
Abnormal CXR-fibronodular disease	Silicosis	Diabetes mellitus
Abnormal CXR-granuloma	Tx with TNF – alpha inhibitors	Tx with glucocorticoids

Recommended treatment for LTBI:	No	Yes	To order <u>free</u> medications for LTBI treatment from the health unit TB Medication Prescription and Order Form
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Date:	(YYYY/MM/DD)	Signature:
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For information on the treatment of inactive TB please call the Infectious Disease Control Team at: (519) 663-5317 or visit our website at <https://www.healthunit.com/tb-healthcare-providers>