

# 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	<b>(values of &gt;0.34 IU/ml are considered POSITIVE)</b>	

## Symptom Review

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

## Follow Up

<u>Sputum:</u>			<u>Chest X-Ray:</u>	Date:	Normal	Abnormal			
#1	Date:	Result:	Check all that apply:	<b>No active disease</b>	Densities	Granulomas			
#2	Date:	Result:					Calcifications	Opacities	Scarring
#3	Date:	Result:					Cavitary lesions	Nodules	Pleural thickening
					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 **free** medications for LTBI treatment from the health unit [TB Medication Prescription and Order Form](#)

Date: (YYYY/MM/DD) Signature:

**For information on the treatment of inactive TB please call the Infectious Disease Control Team at: (519) 663-5317 ext. 2330 or visit our website at <https://www.healthunit.com/tb-healthcare-providers>**