



Tuberculosis (TB) Health Care Provider Reporting Form

Last Name: _____		First Name: _____		Date of Birth: YYYY- MM-DD		Gender:	
Address: _____				Country of birth:		Date of Arrival:	
Phone: _____		Province:		Province:		YYYY- MM-DD	
Country of birth:		Province:					
Health Care Provider (HCP) Assessment							
Reason for testing:							
<input type="checkbox"/> Symptoms <input type="checkbox"/> Employment <input type="checkbox"/> Pre-biologics <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Contact of Case <input type="checkbox"/> School <input type="checkbox"/> Other (Specify): _____							
Tuberculin Skin Test Step 1:				Tuberculin Skin Test Step 2:			
Date Given: _____		Date Read: _____		Date Given: _____		Date Read: _____	
YYYY-MM-DD		YYYY-MM-DD		YYYY-MM-DD		YYYY-MM-DD	
Result: _____ mm induration (specify measurement)				Result: _____ mm induration (specify measurement)			
Note: If step 1 TST is positive, do not repeat. If previous documented positive TST or previous TB treatment, do not test.				Note: HIV testing is recommended for all positive TST and/or IGRA results			
Interferon-Gamma Release Assay (IGRA):							
Date Given: _____		Result: _____		<input type="checkbox"/> Report must be faxed to Halton Region Public Health			
YYYY-MM-DD							
Recent Chest X-Ray (CXR) (within the last 6 months):							
Date: _____		<input type="checkbox"/> Report must be faxed to Halton Region Public Health					
YYYY-MM-DD							
Symptoms of TB: <input type="checkbox"/> No (Asymptomatic) <input type="checkbox"/> Yes (check all that apply)							
<input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> Night Sweats <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Weight loss: _____ lbs/kg <input type="checkbox"/> Other: _____							
If patient is symptomatic or has an abnormal CXR indicating active TB disease:							
<ul style="list-style-type: none"> • Call Halton Region Public Health to report a suspect TB case at 905-825-6000 ext. 7341 • Instruct patient to isolate at home • Order sputum specimens for Acid Fast Bacilli (AFB) and TB culture x 3 (must be collected at least 1 hour apart), use the General Test Requisition from the Public Health Ontario Laboratory. 							
Education/Intervention (check all that apply)							
<input type="checkbox"/> Signs and symptoms of TB discussed <input type="checkbox"/> When to seek medical attention discussed <input type="checkbox"/> Reviewed TB information on www.halton.ca <input type="checkbox"/> Referred to Specialist: Dr. _____ Appointment Date: _____				<input type="checkbox"/> TB infection (TBI) treatment discussed <input type="checkbox"/> TBI treatment is not recommended <input type="checkbox"/> TBI treatment is refused by client <input type="checkbox"/> TBI treatment prescribed: Fax/phone prescription to Pharmex Direct Inc. Office: 905-847-8224 or Fax: 905-847-8271			
Fax completed form with CXR report to: Halton Region Public Health Infectious Disease Control Division Fax: 905-825-8797				HCP Name: _____			
				Address: _____			
				Tel: _____		Fax: _____	
				Signature: _____		Date: _____	

Regional Municipality of Halton

HEAD OFFICE: 1151 Bronte Rd, Oakville, ON L6M 3L1

905-825-6000 | Toll free: 1-866-442-5866

October 2024