BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Positive TB Skin Test / IGRA Report

Fax: 519-663-8241

Health Care Provider Information

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

Patient Information

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

Positive TB Skin Test (TST) / IGRA Report

Reason for TB Screening:

☐ Routine Screen
☐ Corrections
☐ Volunteer
☐ Immigration Screen Date of Arrival: _____ Country of Birth: _____
☐ Other: _____

☐ Medical Follow Up Specify: _____
☐ Pre-Employment Occupation: _____
☐ School Requirement Study area: _____
☐ Contact of an Active Case Relationship: _____

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 ☐ Hemoptysis ☐ Night sweats ☐ Fever / chills ☐ Weight loss ☐ Loss of appetite ☐ Chest pain ☐ Fatigue ☐ Other ☐ None _____

Follow Up

Sputum:

#1 Date: _____ Result: _____
#2 Date: _____ Result: _____
#3 Date: _____ Result: _____

Chest X-Ray: Date: _____ ☐ Normal ☐ Abnormal

Check all that apply:
☐ **No active disease**
☐ Calcifications
☐ Cavitary lesions
☐ Calcified granuloma
☐ Densities
☐ Opacities
☐ Nodules
☐ Other _____
☐ Granulomas
☐ Scarring
☐ Pleural thickening

Medical History

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

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

April 2019