



## Positive Tuberculin Skin Test/IGRA Report

**If active TB is suspected, please notify the Health Unit immediately at 705-474-1400 or 1-800-563-2808 ext. 5229**

Client Demographics		
Name: Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: Health Card Number: Email address: Telephone:	Current Address: City: Prov: Postal Code: Canadian Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No Country of birth: Year Arrived in Canada:	
<b>Tuberculin Skin Testing (TST)</b> - Under the HPPA, all positive TSTs are to be reported to the Medical Officer of Health within 7 days; please fax this form to <b>705-482-0670</b> .		
Reason for testing: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Other ( <i>Specify</i> ):		
Date Given (yyyy-mm-dd)	Date Read (yyyy-mm-dd)	Result (mm of induration)
Previous TST: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date: _____ Result: _____		
History of BCG vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, age when received: _____ Scar seen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Medical Assessment		
IGRA testing done: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, result: (please include a copy of the report)		
HIV testing done: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, result: _____		
TB Symptoms with onset		
Symptomatic: <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> Productive cough <input type="checkbox"/> Non-productive cough <input type="checkbox"/> Fever		
<input type="checkbox"/> Night sweats <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Fatigue <input type="checkbox"/> Anorexia <input type="checkbox"/> Weight loss - Other		
Chest x-ray		
Chest x-ray requisition given: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
Follow-up		
Referred to client's health care provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____	
Referred to specialist <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____	
Reported by: _____	Facility/Healthcare Office Name: _____	
Phone Number: _____	Fax: _____	
Signature: _____	Date: _____	
For HCP or specialist to complete - Sputum and chest x-ray – please fax results once available to 705-482-0670		
<input type="checkbox"/> N/A <input type="checkbox"/> Ordered	<input type="checkbox"/> #1 collected on (yyyy/mm/dd):	<input type="checkbox"/> #2 collected on (yyyy/mm/dd):
Will LTBI treatment be initiated? Please see next page for risk factors to consider	<input type="checkbox"/> No, <i>specify reason</i> : _____	
	<input type="checkbox"/> Yes – Please fax a copy of the prescription to <b>705-482-0670</b> , medications to treat LTBI are free from the Health Unit.	



Please consider the following risk factors when considering LTBI treatment. The following website can also be used as an aid in interpreting TST results: <http://www.tstin3d.com/index.html>

Risk factors for developing active TB for those infected with *Mycobacterium tuberculosis*

Very High Risk	People living with Human Immunodeficiency Virus (HIV) Child or adolescent (<18 y) tuberculosis contact Adult (≥ 18 y) tuberculosis contact Silicosis
High Risk	Stage 4 or 5 chronic kidney disease with or without dialysis Transplant recipients (solid organ or hematopoietic) Fibronodular disease Receiving immunosuppressing drugs (e.g., tumor necrosis factor alpha inhibitors or steroids) <sup>a</sup> Cancer (lung, sarcoma, leukemia, lymphoma or gastrointestinal)
Moderate Risk	Granuloma on chest x-ray Diabetes Heavy alcohol use (at least 3 drinks/day)
Low Risk	General (adult) population with no known risk factor Persons with a positive two-step TST booster and no known risk factor

<sup>a</sup>Risk does not appear significantly elevated with low-dose steroids (i.e., prednisone), but elevated with moderate or high dose (low dose: ≤ 9mg/day; medium dose: 10-19mg/day; and high dose: ≥20mg/day). (Campbell et al., 2022)

*“This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O.1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Manager at the North Bay Parry Sound District Health Unit, 345 Oak St. W., North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at [privacy@healthunit.ca](mailto:privacy@healthunit.ca).”*

**References**

Jonathon R. Campbell, Christopher Pease, Peter Daley, Madhukar Pai & Dick Menzies. (2022). Chapter 4: Diagnosis of tuberculosis infection, Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, 6:sup1, 49-65, DOI: [10.1080/24745332.2022.2036503](https://doi.org/10.1080/24745332.2022.2036503)