POSITIVE TB SKIN TEST (TST) / IGRA REPORTING & MEDICATION ORDER FORM

Public Health Services
www.hamilton.ca/tuberculosis
Phone: 905-546-2063
Fax: 1-844-444-0295

Please complete and fax this form and chest x-ray report to 1-844-444-0295 within 7 days.

Patient's Last Name, First Name Middle Name	**Date of Birth** (dd/mmm/yyyy)	**Gender** ☐ Female ☐ Male ☐ Transgender ☐ Other
Address, City, Postal Code	**Home Phone Number**	**Cell Phone Number**
Born in Canada ☐ Yes - Province: ______________ ☐ No ☐ Yes - identify as: ☐ First Nation ☐ Metis ☐ Inuit ☐ Other Indigenous	**Country of Birth**	**Date of Arrival** (dd/mmm/yyyy)
Reason for Test ☐ Routine screening (includes volunteer, school, work) ☐ Medical ☐ Immigration ☐ Symptoms - Specify: _________________ ☐ Other - Specify:		**History of BCG** ☐ Unknown ☐ No ☐ Yes - Year: __________

TST	Date Planted: __________ (dd/mmm/yyyy) Date Read: __________ (dd/mmm/yyyy) Result: __________ mm induration
IGRA	Testing Date: __________ (dd/mmm/yyyy) Result: ☐ Positive ☐ Negative **Fax result to public health**

Positive TST: ✓ 10 mm or more is considered positive for most people
✓ 5 mm or more may be considered positive in specific situations listed in the Canadian TB Standards, 8th Ed., Chapter 4, Table 1

Patients with positive TST/IGRA require: ✓ Symptom assessment and physical exam
✓ **Chest x-ray - Date:** ____________ **Fax report to public health**

Symptom Assessment

☐ Asymptomatic	☐ Symptomatic - Specify: ☐ cough ☐ fever ☐ night sweats ☐ fatigue ☐ other: _______________

If symptomatic or chest x-ray indicates TB disease: ✓ Instruct patient to isolate at home (provide masks)
✓ Collect 3 sputum specimens at least 1 hour apart
✓ Report immediately to public health at 905-546-2063

Risk Factors for TB Disease Progression (check all that apply)

- ☐ **No risk factors**
- ☐ HIV infection
- ☐ Close contact of an infectious TB case (within 3 years)
- ☐ Age when infected - under 5 years
- ☐ Silicosis
- ☐ Chronic renal failure / hemodialysis
- ☐ Transplant recipient
- ☐ Fibronodular disease
- ☐ Granuloma on chest x-ray
- ☐ Receiving immunosuppressive drugs
  - ☐ Biologics
  - ☐ Moderate to high dose steroids
- ☐ Cancer (lung, sarcoma, leukemia, lymphoma or gastrointestinal)
- ☐ Diabetes
- ☐ Alcohol use (3 or more drinks/day)
- ☐ Tobacco cigarette use (1 or more packs/day)
- ☐ Underweight (less than 90% ideal body weight)

Note: Refer to The Online TST/IGRA Interpreter Tool, TSTin4D The Online TST/IGRA Interpreter to assess risk for active TB disease.

Health Education and Follow-Up (check all that apply)

- ☐ Reviewed signs & symptoms of active TB and when to seek health care
- ☐ TB information provided - available at www.hamilton.ca/tuberculosis
- ☐ Treatment prescribed (refer to TPT Prescription Section)
- ☐ Referred to TB Clinic (Phone: 905-522-1155, Ext. 34198 Fax: 905-525-5806)
- ☐ Referred to family physician
- ☐ Treatment discussed
- ☐ Treatment refused

TB Preventive Treatment (TPT) Prescription (Refer to TPT Quick Reference)

Medication	Prescription (oral daily)	Mitte (in months)	Duration (in months)
Rifampin	☐ **600mg** ☐ **450 mg** ☐ **other: ______mg**	1	4
Isoniazid	☐ **300mg** ☐ **other: ______mg**	1	9
Pyridoxine (vitamin B6)*	☐ **25mg** ☐ **other: ______mg**	1	9

* Vitamin B6 is given with isoniazid to minimize the risk of neuropathy

Health Care Provider Name: ________________________ **CPSO #:** _______________ **Date:** _______________

Signature: ____________________ **Address:** ___________________ **Phone:** _____________ **Fax:** _____________