

** Reporting to the local Medical Officer of Health of all positive TB skin tests within 7 days is required under HPPA, Section 25 and 26.*

Last Name: _____ First Name: _____

Birth Date: _____ Health Card #: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone #: _____ Health Care Provider: _____

Country of Birth: _____ Immunocompromised: Yes _____ No

Recent travel: _____ When: _____ Where: _____

TB Skin Test Results

Reason for test: _____ School/Employer Name: _____

Date Given	Date Read	Result	Measurement (mm)

Chest X-ray Results

Date Completed	Result
	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Notes: _____	

** Please fax radiology report with this form*

All clients with a positive TB skin test must be assessed for signs and symptoms of active tuberculosis (cough, fever, weight loss, fatigue, night sweats). Asymptomatic Symptomatic

Symptoms & Start date: _____

Active TB – suspect pulmonary TB per chest x-ray or signs and symptoms. Three sputum samples collected 24 hours apart required. *Suspect/confirmed TB must be reported within 24 hours.*

Latent TB Infection – diagnosed when client has positive TB skin test, negative chest x-ray and is asymptomatic.

Treatment discussed:

Declined by client and health teaching done

Referred to specialist: _____

Treatment not recommended by health care provider (reason): _____

Treatment recommended. Please call CK Public Health at 519.355.1071 ext. 5902 to arrange.

Health Care Provider: _____

Phone Number: _____

Signature: _____

Date: _____

Please fax completed form to 519.355.0848, Tuberculosis Control Program, CK Public Health Unit.