

TUBERCULOSIS NOTIFICATION FORM

Fax completed form to Southwestern Public Health

St. Thomas Site: 519-631-1682

Woodstock Site: 519-539-6206

Confirmed Case

Suspect/Probable Case

New Report

Update

REASON FOR REPORT:

Positive TB Skin Test

Latent Tuberculosis Infection

Active Tuberculosis

DATE & TIME OF REPORT:

REPORTED BY:

Physician

Hospital

Lab

Other:

REPORTING PERSON'S NAME & CONTACT INFORMATION:

PATIENT DEMOGRAPHIC INFORMATION

Patient Name (first, last):

Date of Birth:

Phone #:

Address (street, city, postal code):

Birth Country:

Date of Arrival in Canada:

BCG History (date/s):

Workplace/Occupation:

Family Physician:

Physician Phone #:

PATIENT RESULTS (Attach lab results, radiologist reports etc.)

TST Given:

TST Read:

Results (mm):

TST Given:

TST Read:

Results (mm):

Reason for TB Skin Test:

Work

School

Contact of a Case

Immigration

Pre-Biologics

Other:

Chest X-Ray Date:

Results:

IGRA Date:

Results:

Sputum Sample(s) Collected Date(s):

Results:

Date of Results:

PATIENT CLINICAL INFORMATION

If symptomatic, list symptoms & onset date(s):

If patient has risk factors for TB/LTBI, please list:

HEALTH CARE PROVIDER RECOMMENDATIONS

Treatment/Prophylaxis Recommended, Date:

Prescription Attached

Treatment/Prophylaxis Not Indicated, Reason:

Referral to Infectious Disease Specialist, Name of Specialist:

Education About the Signs and Symptoms of TB Provided