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): Date of Results:	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

Personal information collected on this form is collected by law under the Health Protection and Promotion Act and Personal Health Information Protection Act. Any questions about the collection of this information should be directed to: SWPH Privacy Officer, Southwestern Public Health 1230 Talbot Street, St. Thomas, ON N5P 1G9, Phone: (519) 631-9900; Fax: (519) 631-1682