

# 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: <input type="text"/>	TST Read: <input type="text"/>	Results (mm): <input type="text"/>
TST Given: <input type="text"/>	TST Read: <input type="text"/>	Results (mm): <input type="text"/>

Reason for TB Skin Test:   
  Work   
  School   
  Contact of a Case   
  Immigration   
  Pre-Biologics   
  Other:

Chest X-Ray Date: <input type="text"/>	Results: <input type="text"/>
IGRA Date: <input type="text"/>	Results: <input type="text"/>
Sputum Sample(s) Collected Date(s): <input type="text"/>	Results: <input type="text"/>
Date of Results: <input type="text"/>	

### 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