



Positive TB Skin Test Reporting Form

Client: (Last Name) _____ (First Name) _____

Male Female Other

Tel. # _____ HC# _____ DOB: (yy/mm/dd) _____

Email Address: _____

Address: _____ City: _____ Postal Code: _____

Health Care Provider: _____

Reason for Test:

Travel School Work Volunteer
 Contact Tracing Medical Other

Previous Positive Skin Test? Yes No Previous Prophylaxis for LTBI? Yes No

B.C.G: Yes No Date: _____

MANTOUX RESULTS

	Tuberculin Lot #	Date Administered	Date Read	Result
1 st Step				mm
2 nd Step				mm

Last CXR Date: _____ Result: _____

Country of Birth: _____ Province/State/Territory: _____ Year of entry into Canada: _____

Travel outside of Canada: _____

Known exposure/family history of TB: _____

Has client ever had TB (latent or active)?: Yes No

If yes, when: _____ In what country/state/territory/province?: _____

Signs/Symptoms: Date of onset _____

Asymptomatic Cough-productive/non-productive Hemoptysis (bloody sputum) Fatigue
 Anorexia Unexplained Weight Loss Low Grade Fever Chills
 Night Sweats Chest Pain

Behavioural/Social Risk Factors: Date of onset _____

None identified Close contact of a case Injection drug user
 History of substance abuse Reports low income Homeless/under-housed
 Alcohol abuse Mental Health Condition Smoker
 Prolonged travel to a TB endemic country Other (specify) _____

Health Care Provider

Risk factors for the development of active tuberculosis:

High Risk:

- HIV
- Silicosis
- Recent TB infection (<2 years)
- Carcinoma of head and neck
- Acquired immunodeficiency syndrome
- Transplantation (related to immune-suppressant therapy)
- Chronic renal failure requiring hemodialysis
- Abnormal chest x-ray - fibronodular disease

Moderate risk:

- Tumour necrosis factor alpha inhibitors
- Young age when infected (0-4 years)
- Diabetes mellitus (all types)
- Treatment with glucocorticoids (>15mg/d prednisone)

Slightly increased risk:

- Heavy alcohol consumption (>3 drinks/day)
- Cigarette smoker (1 pack/day)
- Underweight (<90% ideal body weight; for most people, this is a body mass index <20)
- Abnormal chest x-ray – granuloma

Low risk:

- Person with positive TST, no known risk factor, normal chest x-ray (“low risk reactor”)

Very low risk:

- Person with positive two-step TST (booster), no other known risk factor and normal chest x-ray

**LTBI Treatment prescribed by Health Care Provider:
(REQUIRED FIELD. PLEASE CHECK ONE AND SIGN)**

- Pyridoxine (Vit B6) _____ mg po daily x 6 or 9 or 12 months
- Rifampin (RMP) _____ mg po daily x 4 or 6 months
- Isoniazid (INH) _____ mg po daily x 6 or 9 or 12 months
- Other: _____

Health care Provider (print): _____

Signature: _____ Date: (yyyy/mm/dd) _____

**FAX OR E-MAIL COMPLETED FORM AND A COPY OF THE CHEST X-RAY REPORT TO:
519-383-7092 or vaccineorders.lambton@county-lambton.on.ca**