



Lambton Public Health
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Point Edward, ON N7T 7Z6

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Fax: 519-383-7092
www.lambtonpublichealth.ca

Positive TB Skin Test Reporting Form

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

Male Female Other

Tel. # _____ HC# _____ DOB: (yyyy/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 since arrival: _____

Known exposure to TB Disease: _____

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

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

Was Tx provided? Yes No If so, record of Tx? Yes No

Name/dose of Tx Rx: _____

Signs/Symptoms: Date of onset _____

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

Behavioral/Social Risk Factors:

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

Health Care Provider

IGRA (TB QuantiFERON Gold Plus Blood Test)

Requisition provided to client?

Yes No

Referral placed for Respiriologist or Infectious Disease Specialist:

Yes No

Name of Practitioner: _____

LTBI Treatment prescribed by Health Care Provider:

- 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 TO:
519-383-7092 or LPHTB@county-lambton.on.ca

*Personal information on this form is collected under the authority of the Health Protection and Promotion Act (H.P.P.A) and the reports regulation of the H.P.P.A. The information will be used by the Medical Officer of Health (M.O.H.) to take appropriate actions to control and prevent the spread of tuberculosis. Question about this information may be directed to Lambton Public Health, Health Protection at 519-383-8331.
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