

## TUBERCULOSIS NOTIFICATION FORM

**NOTE:** Dr. Soparkar's LTBI Clinic with Lambton Public Health is **no longer accepting consults**. Please refer clients to another Respiriologist or Infectious Diseases Specialist.

**Fax completed form to Lambton Public Health at 519-383-7092**

### CASE CLASSIFICATION

- Confirmed Case
  Suspect / Probable Case

### REASON FOR REPORT

- Positive TB Skin Test
  Latent Tuberculosis Infection
 Active Tuberculosis Infection

Date & Time of Report: \_\_\_\_\_

### REPORTED BY

- Physician
  Hospital
  Lab
  Other: \_\_\_\_\_

Reporting Person's Name & Contact Information: \_\_\_\_\_

### PATIENT DEMOGRAPHIC INFORMATION

Patient Name (Last, First):	Date of Birth:
Address (street, city, postal code):	
Phone:	Email:
Birth Country:	Family Physician or Nurse Practitioner:
BCG History (date/s):	

### PATIENT RESULTS

Reason for TB Skin Test:
TST Given / Read / Results (mm):
Chest X-Ray Date & Results:
IGRA Date & Results:
Sputum Sample(s) Collected Date(s) & Results:

## PATIENT CLINICAL INFORMATION

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

If symptomatic, list isolation instructions here and **report this to Lambton Public Health by phone at 519-383-8331 ex. 3537**

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: \_\_\_\_\_

**OR:**

Referral to Infectious Disease Specialist, Name: \_\_\_\_\_

Education about the signs and symptoms of TB provided

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed disease of public health significance to the Medical Officer of Health.

\*For more information: P: 519-383-8331 ex. 3537 - E: [infectious.disease@county-lambton.on.ca](mailto:infectious.disease@county-lambton.on.ca)