



REFERRAL FORM:

Tuberculin Skin Test (TST) at Lambton Public Health

Provider's Name: _____ Date (yyyy/mm/dd): _____

Phone: _____ Fax: _____

REASON FOR TST REFERRAL:

Pre-Biologic Steroids Other: _____

TB signs and symptoms (specify, if any). If none please state "None" below:

Client's Name: _____ DOB (yyyy/mm/dd): _____

HC#: _____ Phone: _____

NOTE: TST and Interferon-Gamma Release Assays (IGRAs) are NOT recommended for the diagnosis of active TB disease.

IF YOU SUSPECT ACTIVE TB DISEASE CONTACT LAMBTON PUBLIC HEALTH

- Telephone: 519-383-8331
- Fax: 519-383-7092

Diseases of Public Health Significance (<https://lambtonpublichealth.ca/diseases-of-public-health-significance/>), **whether suspected or confirmed**, must be **reported** to the Medical Officer of Health by telephone or fax, under the *Health Protection and Promotion Act (HPPA)*, R.S.O. 1990, c. H.7. Any identified with an asterisk (*) require immediate Public Health follow-up, per the *HPPA*, O. Reg. 135/18, O/ Reg. 569.