



TUBERCULOSIS CONTROL PROGRAM
POSITIVE REPORT: TB SKIN TEST OR IGRA SEROLOGY

PATIENT INFORMATION

Name: _____ D.O.B. ____/____/____ Gender: M ___ F ___
Address: _____ Phone: _____
Postal Code: _____
OHCN: _____ Workplace: _____

Country of Birth: _____ Date of Arrival in Canada if known: _____

POSITIVE RESULT INFORMATION:

Date of Present TB Skin Test: Date Planted ____/____/____ Date Read: ____/____/____ Induration: _____ mm
Date of Previous TB Skin Test: Date Planted ____/____/____ Date Read: ____/____/____ Induration: _____ mm

Date IGRA Serology Drawn: ____/____/____ PLEASE ATTACH IGRA RESULT

BCG: No ___ Yes: Date: ____/____/____ Unknown _____

Reason For Current Test:
Pre-employment ___ Screening ___ Diagnosis ___ Contact of TB ___ if yes, when _____
Other _____

FOLLOW UP - PLEASE SEND COPIES of X-RAY TO THUNDER BAY HEALTH UNIT (see below)

Chest X-ray: Date: ____/____/____ Results: _____

Sputum: Date: ____/____/____ Results: _____

Referred for Medical Consult: No ___ Yes ___ if yes, indicate specialist _____

Isoniazid (INH) CHEMOPROPHYLAXIS* (Please attach prescription)

Recommended: Yes ___ No ___ Refused by Patient _____

REPORTING HEALTH CARE PROVIDER INFORMATION

Name: _____

Address: _____ Signature _____

*All residents of Ontario are entitled to free drugs for treatment of Tuberculosis Disease and Infection.
Drugs are available from the Thunder Bay District Health Unit.

Please return this form to: Thunder Bay District Health Unit, Infectious Disease Department
999 Balmoral Street, Thunder Bay, ON P7B 6E7
OR by fax to: (807) 625-4822

Personal information collected on this form is under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004. The information collected is
to maintain an immunization record for this client. Direct any questions regarding the collection of this information to the Privacy Officer, Thunder Bay District Health
Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7 Telephone (807) 625-5900