

## TUBERCULIN SKIN TEST REPORTING FORM

Positive tuberculin skin test (TST) results must be reported to Ottawa Public Health (OPH) as per the *Ontario Health Protection and Promotion Act, 1990*.

Please complete all fields and fax to the Communicable Disease Control Program at **613-580-9640**.

Last name: _____		First Name: _____	
Ontario Health Card # _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
DOB: _____ <small>y / m / d</small>	Phone: _____		Weight: _____
Address: _____			
Country of Birth: _____		Date of Arrival: _____	
Tuberculin Skin Test:	Date given: _____ <small>y / m / d</small>	Date read: _____ <small>y / m / d</small>	Result: _____ mm
IGRA/QuantiFERON-TB GOLD:	Date collected: _____ <small>y / m / d</small>	Value _____ IU/mL	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
CXR:	Date: _____ <small>y / m / d</small>	Results: _____	

### Prescription for Treatment of Latent TB Infection (LTBI)

Refer to the *Canadian Tuberculosis Standards, 7<sup>th</sup> Edition 2013*, for information on drugs, dosage, side effects and monitoring. <http://www.respiratoryguidelines.ca/tb-standards-2013>

Medication(s)	Dose	Duration

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treatment for LTBI not recommended: \_\_\_\_\_

Treatment for LTBI recommended but declined by patient: \_\_\_\_\_

Health Care Provider Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_