

Healthcare Provider Referral: **Positive Tuberculin Skin Test (TST)** and/or Interferon Gamma Release Assay (IGRA)

Healthcare Provider	1	Name	Date (yyyy/mm/dd)
Client information		First name	
	2		Province Postal code Language spoken Proxy name
Refer to attached Positive Tuberculin Skin Test (TST) and/ or Interferon Gamma Release Assay (IGRA) (Included)		 Healthcare Provider's assessment to include: Signs and symptoms of active tuberculosis, History and physical, including risk factors and medical conditions, Chest x-ray to rule out active disease, and Referral to respirologist or infectious disease specialist for possible treatment of latent tuberculosis infection (LTBI). 	
Complete Healthcare Provider Follow-Up Report: Positive Tuberculin Skin Test (TST) and/ or Interferon Gamma Release Assay (IGRA) (Included) Fax completed form with chest x-ray/ sputum results to confidential line 519-271-2195.	3	 (BCG) vaccination should only be considered. BCG vaccine was given after 12 months. there has been no known exposure to Tinfection AND. the person is either Canadian born non. 	of age AND B disease or other risk factors of TB
		As a reminder, all treatment for either late free of charge through the health unit. Thank you for your assistance and please questions. Sincerely, Public Health Nurse, sign and date here X Infectious Disease Team	do not hesitate to call if there are any

Huron Perth Public Health

1-888-221-2133 ext 3284

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Personal health information

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