Huron Perth Public Health

Healthcare Provider Report:
Tuberculosis (TB) Immigration Medical Surveillance

Client information

Fax completed form with chest x-ray results and/or supporting documents to confidential line 519-271-2195.

1

First name _____ Last name _____

Date of birth *(yyyy/mm/dd)* _____ Age _____ Gender: ○ F ○ M ○ Other

Address *(911)* _____

City or town _____ Province _____ Postal code _____

Phone _____ Email _____

Country of birth _____ Language spoken _____

Interpreter required: ○ No ○ Yes Proxy name _____

Symptom review

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Symptoms:

- ☐ Persistant cough for three weeks or more
- ☐ Sputum production
- ☐ Hemoptysis
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Fever
- ☐ Night sweats
- ☐ Loss of appetite
- ☐ Weight loss
- ☐ Fatigue
- ☐ Asymptomatic

Other _____

Client history

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Previous exposure to tuberculosis (TB): ○ Yes ○ No ○ Unknown

If yes: ○ Pulmonary ○ Extra pulmonary

Previous treatment: ○ Yes ○ No Year treated _____ Treatment length _____

Medications _____

Chest x-ray posteroanterior and lateral views (done in last 3 months in Canada).
If pregnant and asymptomatic, delay x-ray until postpartum at HCP discretion.

Date *(yyyy/mm/dd)* _____ Result: ○ Normal ○ Abnormal

Previous TB skin test (TST) | If previous positive TST, do not perform further TST.

Date tested *(yyyy/mm/dd)* _____ Date read *(yyyy/mm/dd)* _____

Result *(mm)* _____ Interpretation: ○ Positive ○ Negative

Previous IGRA testing | If previous positive IGRA, do not perform further IGRA.

Date tested *(yyyy/mm/dd)* _____ Result: ○ Positive ○ Negative

Previous Bacille Calmette-Guerin (BCG): ○ Yes ○ No ○ Unknown

If yes, date *(yyyy/mm/dd)* _____

Assessment outcome

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Active TB suspected:

☐ Refer to Respirologist and instruct client to isolate.

If active TB is suspected, notify Huron Perth Public Health at 1-888-221-2133 ext 3284 or fax to confidential line 519-271-2195.

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Assessment outcome

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Active TB ruled out:

☐ Advise client of signs and symptoms of active TB and to seek medical attention immediately.

☐ Consider follow up visits every 6-12 months for 2 years to monitor for signs and symptoms of active TB. New immigrants are at a higher risk for TB during the first 12-24 months of moving to a new country.

Follow up for LTBI assessment/treatment indicated:

☐ Refer to Respirologist or Infectious Disease Specialist. Notify HPPH.

Name of Specialist referred to: _____

Healthcare Provider

Required

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Name _____ Phone _____

Email _____ Fax _____

Healthcare Provider, sign and date here *(Required)*

X _____

Date *(yyyy/mm/dd)* _____

Personal health information

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Personal information is collected under the authority of the *Health Protection and Promotion Act (part VII)* and in accordance with the *Personal Health Information Protection Act* and/or the *Freedom of Information and Protection of Privacy Act*, for the purposes of providing public health programs and for statistical purposes. For more information see www.hpph.ca/privacy.