Positive Tuberculin Skin Test (TST) or Quantiferon®-TB Gold Health Care Provider Report

Public Health
Santé publique
SUDBURY & DISTRICTS

CLIENT INFORMATION		
Legal name (last, first):		Pronouns:
Chosen name (if different than legal name):		DOB:
Sex assigned at birth: ☐ Male ☐ Female ☐ Intersex ☐ Do not wish to disclose		
Gender identity (*Ask "Please share your gender identity, if you feel comfortable disclosing?"): ☐ Male ☐ Female ☐ Transgender ☐ Two-Spirit ☐ Genderqueer ☐ Genderfluid ☐ Agender ☐ Non-binary ☐ Prefer not to answer ☐ Other (specify):		
Address:		
Telephone:	Email:	
Reason for testing:		
Date test given:	Date test read:	
Size and induration:	Location tested:	
Date test given:	Date test read:	
Size and induration:	Location tested:	
Individuals born outside of Canada: ☐ Yes ☐ No	Country of birth:	Arrival in Canada:
Indigenous Peoples: ☐ Yes ☐ No		
BCG received: ☐ Yes ☐ No ☐ U/K	Date:	Country:
Pertinent history (medical, travel, occupational etc.):		
Symptomatic: ☐ Yes ☐ No	If yes, specify:	
Note: Sputum tests for AFB smear should be collected if client has active TB symptoms and/or an abnormal chest x-ray		

HEALTH CARE PROVIDER SECTION		
Referred to specialist: ☐ Yes ☐ No	Name:	
Allergies: ☐ Yes ☐ No	Specify:	
Chest X-ray requisition given: ☐ Yes ☐ No	Forward result to PHSD:	
QuantiFERON®-TB Gold: ☐ Yes ☐ No	If positive faxed to PHSD: ☐ Yes	
Treatment recommended: ☐ Yes ☐ No	Specify:	
HIV tested: ☐ Yes ☐ No	Date:	Result:
Recommendations:		
Health Care Provider's signature:	Date:	
Completed by:		
Telephone:	Fax:	

To meet public health requirements, any personal information contained on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Drug and Pharmacies Regulation Act, R.S.O. 1990,* (formerly The Health Disciplines Act); *Immunization of School Pupils Act, R.S.O.1990*; *Regulated Health Professions Act, 1991, S.O. 1991*; *Child Care and Early Years Act, 2014, S.O. 2014* and is in compliance with the *Municipal Freedom of Information and Privacy Protection Act,, R.S.O. 1990;* and the *Personal Health Information Protection Act, 2004, S.O. 2004*. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200.ext. 457.