

PHYSICIAN REPORT – MEDICAL SURVEILLANCE FOR TUBERCULOSIS (TB)

Please complete and return via fax to Infectious Diseases at APH (705-541-7309)

I have seen and assessed: _____ D.O.B.: _____

Examination date: _____

Physical Findings and Related History

BCG Vaccination: ☐ No ☐ Yes (Date): _____ ☐ Unknown

History of TB Infection: ☐ No ☐ Yes History of TB Disease: ☐ No ☐ Yes

Length of Treatment: _____ Medication(s): _____

Risk Factors for TB Re-activation

☐ HIV/AIDS ☐ Renal Disease ☐ Diabetes ☐ Abnormal CXR

☐ Immunosuppressive therapy/disease ☐ Recent immigration (< 2 years)

☐ Other _____

Symptoms of TB ☐ No ☐ Yes (check all that apply)

☐ Cough ☐ Fever ☐ Night sweats ☐ Weight loss ☐ Hemoptysis ☐ Pain ☐ Fatigue

Diagnostics

☐ Chest x-ray (please include a copy of the radiology report)

☐ Tuberculin Skin Test (TST) Date: _____ Result: _____ (mm)

Note: A TST should be administered regardless of BCG history, especially if the above medical risk factors are identified (if there is no previous documentation)

☐ Sputum x3 for AFB/Culture Date: _____

Note: Sputum should be collected if the patient has symptoms, an abnormal chest x-ray or history of TB

Assessment

☐ Active/Suspect TB (report immediately to Algoma Public Health)

☐ TB Infection (TBI) TBI Treatment: ☐ Recommended ☐ Refused ☐ Contraindicated

☐ No active TB/TBI

Plan of Care

☐ I will follow this patient for treatment and monitoring

☐ I have no concerns for active pulmonary TB, and no further monitoring is required

☐ I have referred this patient to a specialist, Dr. _____

☐ Signature: _____ Date: _____

This information is collected under Section 1 of Regulation 569 of the Health Protection and Promotion Act, R.R.O. 1990, Reg. 569, S. 1 (1) and R.R.O. 1990, Reg. 1/05, s. 1 (1). The personal health information collected in this form will be used only for public health case management and to provide statistical data to the Ontario Ministry of Health. Questions regarding the collection and use of personal health information should be directed to the Privacy Officer.

Algoma Public Health 294 Willow Ave., Sault Ste. Marie, ON P6B 0A9, Tel. (705) 942-4646. Email: Privacy@algomapublichealth.com

Blind River

P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake

ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie

294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa

18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752