simcoe muskoka
DISTRICT HEALTH UNIT

Tuberculosis Reporting Form
Fax to 705-733-7738

Client Demographics

Name:	Date of Birth: yyyy-mm-dd	Sex: ☐ M ☐ F ☐ X
Address:		HCN:
Telephone numbers: Home:	Work:	Cell:
Email:		
Next of Kin:		
Household Members (including ages)		
Country of birth: ☐ Canada ☐ Other:		
If not Canadian born, Date of Arrival: yyyy-mm-dd	Country Lived in (including dates):	
If Client is ≤ 15 years of age parent's birth Country is required:		

Person Reporting:

Name of Person Reporting: _____ Telephone number: _____

Name of Hospital/Facility: _____ Telephone number: _____

Health Care Provider Information:

1. Primary Health Care Provider Name: _____
Address:

Telephone: Fax:

2. Consulting/Treating Health Care Provider Name: _____
Address:

Telephone: Fax:

Reason for report:

☐ Symptoms (suspect case)* **Level of Suspicion:** ☐ High ☐ Low

☐ Contact Tracing ☐ Postmortem ☐ Other: _____

☐ Positive TST ☐ Positive QFT(IGRA) **Screening for:** ☐ School ☐ Employment ☐ Volunteer ☐ Immigration

*** If there is a suspicion of Active Tuberculosis Disease:**

Fax the reporting form to Simcoe Muskoka District Health Unit 705-733-7738 **AND** call the Simcoe Muskoka District Health Unit at 705-721-7520 (or 1-877-721-7520) ext. 8809

Symptoms:

☐ Asymptomatic ☐ Cough > 3 weeks ☐ Hemoptysis ☐ Fatigue

☐ Fever ☐ Night sweats ☐ Weight Loss ☐ Other:

Details of Symptoms: _____

_____

Isolation and Sputum Samples:

Client Admitted to hospital:	**Client in Community:**
☐ AIIR isolation in place	☐ Client instructed to isolate at home
☐ 3 Sputum Samples Ordered	☐ Client given: ☐ TB Isolation fact sheet ☐ Face masks
☐ 3 Sputum Samples Collected	☐ 3 Sputum Samples Ordered & bottles/requisitions provided
	☐ 3 Sputum Samples Collected

Risk Factors:

☐ Correctional facility ☐ Homeless shelter ☐ Employment history (Volunteer Work)

☐ LTC/hospital ☐ Travel: _____ ☐ Smoking ☐ Yes ☐ No How Long? _____

☐ Canadian-born Indigenous ☐ Known exposure/contact ☐ Other

Details for risk factors: _____

_____

TST

TST #1 Implanted: yyyy-mm-dd Given by: _____ TST #1 Result Date: yyyy-mm-dd Induration: ___ mm

TST #2 Implanted: yyyy-mm-dd Given by: _____ TST #2 Result Date: yyyy-mm-dd Induration: ___ mm

If test #1 or #2 positive**: ☐ Chest x-ray ordered ☐ Chest x-ray completed yyyy-mm-dd Result: _____

**** Fax chest x-ray to Simcoe Muskoka District Health Unit 705-733-7738**

TB History

☐ Previous TST Documented Date: yyyy-mm-dd Induration: ___ mm

☐ Previous QFT (IGRA) Date: yyyy-mm-dd Result: _____

☐ Previous BCG Date: yyyy-mm-dd

☐ Previous Active TB; Treated ☐ Yes ☐ No; Details: _____

☐ Previous Latent TB; Treated ☐ Yes ☐ No; Details: _____

☐ Previous Abnormal Chest x-ray Date: yyyy-mm-dd ; Details: _____

Medical History

☐ Allergies Details: _____

☐ Vaccines in last 6 weeks Details: _____

☐ Medical Conditions: ☐ Diabetes ☐ HIV ☐ Cancer ☐ Chronic Renal Failure ☐ Immunosuppressant drugs

☐ Other: _____

☐ Current Medication Details:

Current Diagnostics***:

☐ Chest x-ray Date: yyyy-mm-dd

☐ CT scan Date: yyyy-mm-dd

☐ Sputum Samples Collected: ☐ Results Pending

AFB #1 yyyy-mm-dd Result: _____

AFB #2 yyyy-mm-dd Result: _____

AFB #3 yyyy-mm-dd Result: _____

PCR Result: _____

Culture Result: _____

Sensitivities: _____

☐ Other: _____

*** Fax diagnostic reports to Simcoe Muskoka District Health Unit 705-733-7738**

Organisms:

Mycobacterium Tuberculosis Complex:	Atypical Mycobacterium Tuberculosis:		
☐ M. Tuberculosis	☐ M. Avium	☐ M. Konsasii	☐ M. Scrofulaceum
☐ M. Africanum	☐ M. Chelonei	☐ M. Malmonense	☐ M. Szulgai
☐ M. Bovis	☐ M. Fortuitum	☐ M. Marinum	☐ M. Ulcerans
	☐ M. Haemophilum	☐ M. Gordonii	☐ M. Xenopi
	☐ M. Simiae	☐ Other:	

Health Teaching Provided:

☐ Latent versus active TB	☐ Signs and symptoms of TB	☐ Transmission of TB
☐ Treatment options	☐ Treatment risks and benefits	☐ TB isolation (if required)

Notes: _____

Printed Name of Submitter: _____ Date: yyyy-mm-dd

Signature of Submitter: _____ Date: yyyy-mm-dd

Fax Form to Simcoe Muskoka District Health Unit
Attention to: Infectious Diseases Program 705-733-7738

2024.01.29