

NOTIFICATION OF NEW ACTIVE OR REACTIVATED TUBERCULOSIS CASE

Please return completed form to: You 9060 If there are any questions, please) Jane	Street, 5 th Floor	, Vaug	han, ON L4	K 0G5		Fax:	ı: 905-895-{ 1-877-46			
PATIENT IDENTIFICATION	Joniaci	tile fork Regi	on rui	<u>Jerculosis C</u>	OHUOIF	rogram	ı. rei.	1-0//-40	4-90/3,	ext. 7600	<i>,</i> 0
Last Name First Name					Sex	Sex □M □F		Health Card #			
Street Address	Town/City						Postal Code		Birth Date / / Yr. Mo. Da		
Home Phone	Other				ral Status ngle □ Marr. □ C.L. □ Sep. □ Wid.						
Country of Birth	Date	of Arrival	Language(s) Spoken				Occupation				
	Yr. Mo. Day							Work Phone			
Hospital Admission? Name of	of Hosp	oital									
☐ Yes ☐ No Admission Date				/ / Discharge Date // Yr. Mo. Day				,			
DIAGNOSIS			Hist	TORY							
Is client/family aware of diagnosis	? 🗆	Yes □ No	☐ New Active Case								
Respiratory			☐ Reactivated Case								
☐ Pulmonary ☐ Far Advanced ☐ Moderately Advanced ☐ Minimal			Year of first active episode Country of first active episode								
□ Laryngeal			HIV TEST								
□ Pleurisy			HIV Test Ordered? ☐ Yes ☐ No ☐ Refused								
☐ Other Respiratory			If Yes								
Specify			Result Date/ /								
□ Primary			Yr. Mo. Day								
Non-Respiratory			LAB	ORATORY \$	STATUS	6					
☐ Miliary (disseminated)					Microscopy			Culture			
☐ Other, spec. site				Sputum	BAL	Other ((specify)	Sputum	BAL	Other (s	specify)
METHOD OF DETECTION ☐ Symptoms ☐ Contact ☐ F	Routine	<u>, </u>	NEG	ò.							
☐ Immigration Medical Surveillance			Pos								
☐ Other (specify)			1 03	,.							
			No								
TUBERCULIN TEST			Don					<u> </u>			
Mantoux (specify result) Date				PATHOLOGY RESULTS (if applicable)							



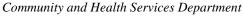
mm	Read	/
(diameter induration)		Yr. Mo. Day

Pg. 1 of 2

NOTIFICATION OF NEW ACTIVE OR REACTIVATED TUBERCULOSIS CASE Page 1997
--

NOTIFICATION OF NEW ACTIVE OR REACTIVATED TUBERCULOSIS CASE Page.						
SYMPTOMS	PRESENT DRUG REGIME					
	☐ ISONIAZID mg_ ☐ OTHER					
	☐ RIFAMPIN mg_ ☐ OTHER					
	□ ETHAMBUTOLmg □ OTHER					
Onset Date //	□ PYRAZINAMIDE mg_ □ OTHER					
of Symptoms Yr. Mo. Day	☐ PYRIDOXINE (B6) mg ☐ OTHER					
Date of Diagnosis	Date Started/_/_					
Yr. Mo. Day	Yr. Mo. Day Drug Resistance					
RADIOLOGY RESULTS	☐ Yes ☐ No ☐ Unknown					
☐ Normal ☐ Not Done ☐ Unknown	Specify					
□ Abnormal						
☐ Cavitary ☐ Non-Cavitary ☐ Not Specified	FAMILY PHYSICIAN					
Li Gavilary Li Nor-Cavilary Li Not Opecined	Name					
Date of Test// Yr. Mo. Day	Address					
Please attach radiology reports done within last						
3 months.						
What is the client's level of infectivity?						
☐ Low ☐ Moderate ☐ High	Tel. #					
MORTALITY	TREATING PHYSICIAN (Please Print)					
Was this case discovered after death? ☐ Yes ☐ No	Name					
If Yes Date of Death/	Address					
Yr. Mo. Day						
☐ TB - Cause of Death						
☐ TB - Contributed But Not Cause Of Death	Tel. #					
☐ TB - Incidental Finding	Physician					
Next of Kin	Signature					
Tel. #	Date					
REMARKS (e.g. other health problems)	<u> </u>					
- 1 (org. outor risular problems)						

This information is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 for the purpose of obtaining and maintaining a medical history to provide or assist in the provision of treatment for tuberculosis, for the purpose of case management, client follow up, monitoring and contact tracing,





for the purpose of public health administration and for the provision of statistical data to the Ministry of Infectious Diseases Control Division
Health and Long Term Care. This information will be retained, used, disclosed and disposed of in accordance with the Personal Health Information Protection Act,
2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Manager of Tuberculosis Control, 9060 Jane Street, 5th Floor, Vaughan, Ontario
L4K 0G5 (905) 830-4444 extension 73065.