

## SECTION 1 – PATIENT INFORMATION

Patient full name:	Sex:	Male	Female
Street address:	City:	Postal code:	
Birth date (mm/dd/yyyy):	Home phone:		
Alternate phone:	Assessment date (mm/dd/yyyy):		

## SECTION 2 – SYMPTOMS Does this patient have symptoms of TB?

No      Yes - Select all that apply:      New or worsening cough (Lasting longer than 3 weeks)      Fever

Night Sweats      Hemoptysis      Weight loss      Other:

*If the patient is symptomatic: Please contact York Region immediately. Order CXR, sputum testing for TB (AFB and culture x3 specimens) and refer to a TB clinic or specialist.*

## (MANDATORY) SECTION 3 – CURRENT CHEST X-RAY Please attach copy of report(s)

### Chest X-ray

Date (mm/dd/yyyy):      Results:      Normal      Abnormal      Abnormal, but not suggestive of TB

### Repeat chest X-ray

Date (mm/dd/yyyy):      Results:      Normal      Abnormal      Abnormal, but not suggestive of TB

*\* If CXR result is abnormal, should be further assessed to rule out active disease. Please collect 3 sputum specimens for AFB and culture. Please attach copies of reports.*

Sputum collection date (mm/dd/yyyy):      *\*Patients unable to produce sputum should have a repeat CXR in 6 months or as per radiologist recommendation*

## (OPTIONAL) SECTION 4 – OTHER TESTS COMPLETED - TST/IGRA

Test date (mm/dd/yyyy):      Test/procedure name:      Result:

## SECTION 5 – WHAT ARE YOUR PLANS FOR FOLLOW-UP? Check all that apply

**Patient does not have active TB**      Therefore, no further follow-up required

**Patient has LTBI**      Patient will start treatment for LTBI

Start date (mm/dd/yyyy):      Treatment duration:      months

Treatment for LTBI offered patient refused - patient was counselled

Treatment for LTBI was contraindicated - patient was counselled

*\* Please see the back of this form for more information on LTBI treatment*

**Patient has suspected TB disease**      Patient referred to TB clinic/Specialist for further assessment

Clinician:      Date (mm/dd/yyyy):

Sputum cultures for TB/CT scan ordered

**DRUGS ARE AVAILABLE FREE OF CHARGE FOR TREATMENT OF TUBERCULOSIS. PLEASE CALL US FOR MORE INFORMATION.**

Physician name:	Telephone:	
Street address:	City:	Postal code:

Dear Doctor,

Citizenship and Immigration Canada (CIC) has placed your patient on Medical Surveillance for Inactive Tuberculosis (TB) due to findings on their immigration medical examination.

**1. Please complete the attached Referral to Physician – Tuberculosis (TB) Medical Surveillance Follow-up form and fax it to 1-905-895-5450 (York Region Public Health TB team) or mail to The Regional Municipality of York, 9060 Jane Street, 5th Floor, Vaughan, Ontario L4K 0G5 to the attention of the Tuberculosis Control Program**

**Please note:**

- If you conduct follow-up testing, please fax the results to York Region Public Health TB team when they become available to 1-905-895-5450
- **LTBI Treatment** – If treatment for Latent Tuberculosis Infection (LTBI) is refused or contraindicated, the patient should be counselled on the signs and symptoms for TB disease and advised to seek medical attention should they develop

**Reporting responsibilities to York Region Public Health**

- Report all persons with **LTBI** by fax: *Referral to Physician – Tuberculosis (TB) Medical Surveillance Follow-up Form* to YRPH at 1-905-895-5450
- Report all **suspect/confirmed** cases: call YRPH 1-877-464-9675 ext. 76000

**2. Payment**

- The medical examination for immigration medical surveillance (IMS) follow-up and all relevant tests are eligible for payment from OHIP or the Interim Federal Health Plan
- Patients without OHIP or Interim Federal Health coverage (e.g., visitors) should be billed directly for their IMS follow-up
- If active TB disease is suspected for an uninsured patient, call York Region Public Health TB team at 1-877-464-9675 ext. 76000. Eligibility for coverage for this person to be determined for TB-UP (a program for uninsured persons)

**3. Additional Resources**

- TST in 3D: The Online TST/IGRA Interpreter – <http://www.tstin3d.com>; This is a useful resource for the determination of active TB for persons with Tuberculin Skin Test (TST)  $\geq 5\text{mm}$
- York Region TB website – [york.ca/TB](http://york.ca/TB)
- York Region TB team information line: 1-877-464-9675 ext. 76000

**York Region has five (5) pharmacies that dispense free TB medications. Please only send your patients to one (1) of these:**

- Pure Health Pharmacy (Mackenzie Health Richmond Hill Hospital) 905-883-7500
- Pure Health Pharmacy (Mackenzie Health - Cortellucci Vaughan Hospital) 365-922-3200
- Dales Pharmacy (Markham-Stouffville Hospital) 905-471-1234
- Oak Valley Health Outpatient Pharmacy (Inside Markham Stouffville Hospital) 905-472-7624
- Guardian at Southlake (Southlake Regional Health Centre) 905-830-5988

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 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 Program, 9060 Jane Street, 5th Floor, Vaughan, Ontario L4K 0G5, 1-877-464-9675 extension 76000.

Investigator Name: \_\_\_\_\_