



Section C: TUBERCULOSIS (TB) QUESTIONNAIRE

To be completed **ONLY** by those who have recently or historically had a **POSITIVE TB SKIN TEST (TST)**

LHSC follows the Ontario Hospital Association (OHA) Tuberculosis Surveillance Protocol for all staff with a positive TB skin test. A positive TB Skin Test occurs following exposure to TB, during active TB, or as a result of BCG vaccination. The information you provide on this form will assist Occupational Health & Safety Services (OHSS) to determine the reason for your positive result, the need for further investigation, or the benefit of additional medical assessment. OHSS will provide additional health teaching resources, or schedule an appointment with the OHSS Nurse Practitioner.

<b>Name:</b> <b>Employee ID #:</b>			<b>Position:</b>						
<b>Positive TB Skin Test</b> <table><tr><td>Date Planted</td><td>Date Read</td><td>Level of Induration</td></tr><tr><td></td><td></td><td></td></tr></table> Location where test was completed: _____ <b>Chest X-Ray</b> A Chest X-Ray is required after the date the TB skin test was read. Please <b>attach a copy</b> of the X-ray Report. Have you ever had abnormal findings on a chest X-ray relating to TB? <input type="checkbox"/> <b>Yes</b> <b>Findings:</b> _____ _____ <input type="checkbox"/> <b>No:</b> _____			Date Planted	Date Read	Level of Induration				<b>BCG Vaccination</b> Have you received BCG vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date(s): _____  <input type="checkbox"/> < 2 years of age <input type="checkbox"/> > 2 years of age  In What country did you receive this vaccination? _____
Date Planted	Date Read	Level of Induration							
<b>History</b> History of active TB disease <input type="checkbox"/> Yes <input type="checkbox"/> No Unprotected TB exposures in previous year <input type="checkbox"/> Yes <input type="checkbox"/> No History of symptoms of active TB in previous year: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what symptoms have you experienced? <input type="checkbox"/> Productive Cough <input type="checkbox"/> Unexplained Weight loss <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Cough up blood <input type="checkbox"/> Chest Pain <input type="checkbox"/> Night Sweats			<b>Immigration and Travel</b> Country of Birth: _____  Country from which you immigrated to Canada: _____ Date of Immigration to Canada: _____ Age at Immigration: _____  Have you travelled to any TB endemic countries?? <input type="checkbox"/> Yes Where: _____ <input type="checkbox"/> No:						
<b>Medical Follow Up</b> Have you consulted with a medical practitioner or Infectious Diseases Specialist about your positive TB Skin test? <input type="checkbox"/> Yes → <b>Attach documentation if available</b> <input type="checkbox"/> No Have you had an IGRA test? <input type="checkbox"/> Yes Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date of Test: _____ → <b>Attach result</b> <input type="checkbox"/> No  Have you been treated for Latent TB Infection (LTBI)? <input type="checkbox"/> Yes Medication: _____ Length of Treatment: _____ Date completed: _____ <input type="checkbox"/> No			<b>IMPORTANT INFORMATION:</b>  To prevent a significant reaction, <b>you must avoid having additional TB Skin Tests.</b>  It is recommended that you maintain a personal record of your TB Skin Test and Chest X-Ray for future reference.  Should you develop signs or symptoms of active TB you must seek medical attention immediately.						
<b>Signature:</b>			<b>Date:</b>						