

Section C: TUBERCULOSIS (TB) QUESTIONNAIRE

To be completed **ONLY** by those who have recently or historically had a

POSITIVE TB SKIN TEST **

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.

Name:			Position:
Employee ID #:			Age:
Positive TB Skin Test			BCG Vaccination
Date Planted	Date Read	Level of	Have you received BCG vaccination?
		Induration	□ Yes
			□ No
Location Test was Ad	ministorody		
Location Test was Administered:			Date(s):
Chest X- Ray A Chest X-Ray is required following the			□ < 2 years of age
date the TB skin test was read. Please attach a copy of			\square > 2 years of age
the X-ray Report.			, 3
Date of Result (Normal/Abnormal)		Abnormal)	In What country did you receive this vaccination?
Chest X-ray			
Have you ever had abnormal findings on a chest X-ray			
relating to TB?			
□ Yes			
Findings:			
□ No:			
History			Immigration and Travel
History of active TB disease			Country of Birth:
□ Yes			Country and state (province (territory (if applicable)
			Country and state/province/territory (if applicable) from which you immigrated to Canada:
Unprotected TB exposures in previous year			from which you iningrated to canada.
□ Yes			Date of Immigration to Canada:
□ No			
History of symptoms of active TB in previous year:			Age at Immigration:
□ Yes			
□ No			Have you travelled to any TB endemic countries?
			□ Yes Where:
If yes, what symptoms have you experienced?			Date:
□Productive Cough □Unexplained Weight loss			□ No:
□Loss of Appetite □Fatigue			
□Fever □Cough up blood			
Chest Pain Night Sweats			
Medical Follow Up			**IMPORTANT INFORMATION**
Have you consulted with a medical practitioner or			
Infectious Diseases Specialist about your positive TB			A TB Skin Test is considered positive if the level of
Skin test?			induration (firm swelling) is \geq 10 mm, or \geq 5mm if the
$\Box Yes \rightarrow \text{ Attach documentation if available}$			following criteria are met: • HIV infection
Have you had an IGRA or QuantiFERON-TB GOLD test?			 Contact with infectious TB in the past 2 years Fibronodular disease on chest X-ray
□ Yes →Attach result			 Organ transplant
Result: Negative Positive			 TNF alpha inhibitors
Date of Test:			 Treatment with immunosuppressive drugs
□ No			(equivalent to 15 mg/day of Prednisone for 1
Have you been treated for Latent TB Infection (LTBI)?			month or more)
\square Yes Medication:			End stage renal disease
Length of Treatment:			C
Date completed:			
□ No			
Employee Signature:			Date: