

Referral to Physician – Tuberculosis (TB) Medical Surveillance Follow-Up

Patient name: _____ Sex: Male Female
 Street address: _____ City: _____ Postal code: _____
 Birth date - Y: _____ M: _____ D: _____ Home phone: _____
 Alternate phone: _____ Assessment date - Y: _____ M: _____ D: _____

1. Symptoms - Does this patient have symptoms of TB?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – check all that apply below: <input type="checkbox"/> New or worsening cough (<i>greater than 3 weeks duration</i>) <input type="checkbox"/> Fever <input type="checkbox"/> Night sweats <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Weight loss <input type="checkbox"/> 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.
2. Current Chest X-ray (Mandatory) – Please attach copy of report(s)	
Chest X-ray Date (YYYY-MM-DD): _____	Chest X-ray Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Abnormal but not suggestive of TB
Repeat Chest X-ray / CT Date (YYYY-MM-DD): _____	Repeat Chest X-ray Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> 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.	Sputum Collection Date (YYYY-MM-DD): _____ (Please attach copies of reports) **Patients unable to produce sputum should have a repeat CXR in 6 months or as per radiologist recommendation.
3. Other tests completed – TST/IGRA (OPTIONAL)	
Test Date (YYYY-MM-DD): _____	Test/Procedure Name: _____ Result: _____
4. What are your plans for follow-up? - (Check all that apply)	
<input type="checkbox"/> Patient does not have active TB disease	Therefore, no further follow-up required
<input type="checkbox"/> Patient has LTBI	<input type="checkbox"/> Patient will start treatment for LTBI. Start Date (YYYY-MM-DD): _____ Treatment Length: _____ mos. <input type="checkbox"/> Treatment for LTBI offered, patient refused - patient was counselled <input type="checkbox"/> Treatment for LTBI was contraindicated - patient was counselled ***Please see the back of this form for more information on LTBI treatment
<input type="checkbox"/> Patient has suspect TB disease	<input type="checkbox"/> Patient referred to TB clinic/Specialist for further assessment Clinician: _____ Date (YYYY-MM-DD): _____ <input type="checkbox"/> 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: _____

Please return completed form by fax or mail to the address below to the attention of the Tuberculosis Control Program

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, (905) 830-4444 extension 76000.
 Investigator Name: _____

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)**

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 905-830-4444 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 905-830-4444 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 5mm.
- York Region TB website – www.york.ca/TB
- York Region TB team information line: **905-830-4444 ext. 76000**

York Region has 4 pharmacies that dispense free TB medications.

Please only send your patients to one of these:

PureHealth Pharmacy (Mackenzie Health Richmond Hill Hospital) 905-883-7500

PureHealth Pharmacy (Mackenzie Health - Cortellucci Vaughan Hospital) 365-922-3200

Dales Pharmacy (Markham-Stouffville Hospital) 905-471-1234

Centric Health Pharmacy (Southlake Regional Health Centre) 905-830-5988

Notification of New Active or Reactivated Tuberculosis Case

The Regional Municipality of York | 9060 Jane Street, 5th Floor, Vaughan, Ontario L4K 0G5
1-877-464-9675 | TTY: 1-866-512-6228 | Fax: 1-844-209-4389, (905) 895-5450 | york.ca

09/16-5396159