RENFREW COUNTY AND DISTRICT HEALTH UNIT

POSITIVE MANTOUX SKIN TEST REPORT

Please complete all applicable areas and fax to the **Infectious Disease Program**: **FAX: 613-735-3067**

PHONE: 613-732-3629 or 1-800-267-1097 (Office Hours) | 613-735-9926 (After Hours)

Please Note: Regular office hours are: Monday-Friday 8:00-4:00

FOR HEALTH UNIT USE ONLY	
iPHIS Client ID:	iPHIS Case ID:

CLIENT INFORMATION		
Last Name:	First Name:	HIN#:
DOB (y/m/d):	Phone #:	Cell #:
Address:		
City:	Postal Code:	Gender: ◯ Male ◯ Female
FAMILY PHYSICIAN:		
Phone #:	Fax #:	

MANTOUX RESULTS		
Date implanted (y/m/d):	Date read (y/m/d):	Results (mm):

ASSESSMENT	
Symptoms: ◯ Yes ◯ No	If yes, date of symptom onset (y/m/d):
Symptoms:	
CXR Date (y/m/d):	Results :
Previous Known Exposure to TB: ◯ Yes ◯ No	

FOLLOW-UP AND TREATMENT

Referral to specialist : ◯ Yes ◯ No

Anti-tuberculosis medication for the treatment of latent tuberculosis infection (LTBI) or Active Tuberculosis Disease is available **free of charge** from RCDHU by prescription. If prescribing medication for treatment, please attach prescription and fax with this completed form.

Was treatment initiated?: ◯ YES ◯ NO

◯ YES - Planned length of treatment:

◯ NO – Reason:

REPORTING SOURCE	
Physician/Nurse Practitioner:	
Address:	
Phone #:	Fax #:
Date (y/m/d):	Signature:

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, Sections 22 and 24, and will be used for Public Health follow-up. Any questions should be directed to Infectious Diseases at 613-732-3629.