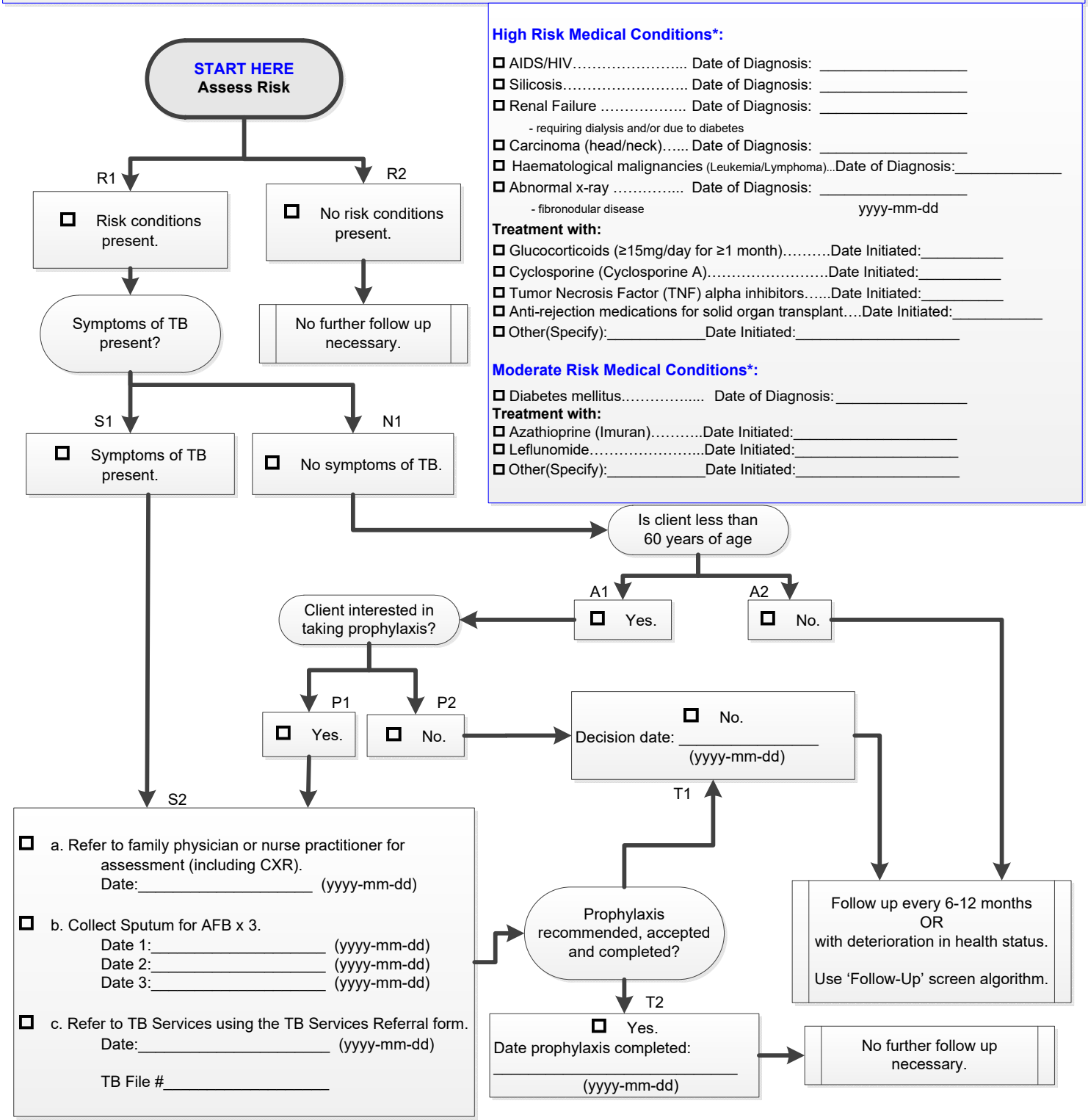
Indigenous Services Canada | Services aux Autochtones Canada

At Risk TB Screening Algorithm — Follow-Up

Name:_____ DOB: _____
First Last (yyyy-mm-dd)

PHN:_____ Community:_____



High Risk Medical Conditions*:

- ☐ AIDS/HIV…….. Date of Diagnosis: _____
- ☐ Silicosis…….. Date of Diagnosis: _____
- ☐ Renal Failure …….. Date of Diagnosis: _____
  - requiring dialysis and/or due to diabetes
- ☐ Carcinoma (head/neck)…... Date of Diagnosis: _____
- ☐ Haematological malignancies (Leukemia/Lymphoma)...Date of Diagnosis:_____
- ☐ Abnormal x-ray …….. Date of Diagnosis: _____
  - fibronodular disease yyyy-mm-dd

Treatment with:

- ☐ Glucocorticoids (≥15mg/day for ≥1 month)…….Date Initiated:_____
- ☐ Cyclosporine (Cyclosporine A)……Date Initiated:_____
- ☐ Tumor Necrosis Factor (TNF) alpha inhibitors…...Date Initiated:_____
- ☐ Anti-rejection medications for solid organ transplant….Date Initiated:_____
- ☐ Other(Specify):_____Date Initiated:_____

Moderate Risk Medical Conditions*:

- ☐ Diabetes mellitus……..... Date of Diagnosis:_____

Treatment with:

- ☐ Azathioprine (Imuran)…….Date Initiated:_____
- ☐ Leflunomide……...Date Initiated:_____
- ☐ Other(Specify):_____Date Initiated:_____

Date Algorithm completed:_____ Signature_____
(yyyy-mm-dd)

☐ Faxed to Alberta Region TB Program - Date: _____ (yyyy-mm-dd) **Fax: 780-495-8070**

*Other – Some chemotherapy drugs and treatments for psoriasis may qualify. Please consult TB services for more information and guidance.