	ervices aux	At Risk TB Screening	Algorithm	HIGH RISK
Canada Au	utochtones Canada	(First Screen)		edical Conditions
Name:		□ AIDS/HIV	Date of Diagnosis: Date of Diagnosis: Date of Diagnosis:	
First	Last	- requiring dialysis and/or due to di Carcinoma (head/neck) Haematological malignancies Abnormal x-ray	Date of Diagnosis:	agnosis:
DOB:(yyyy-mm-dd)	_ PHN:		r ≥1 month)Date Initial	yyyy-mm-dd ted:
Community:		☐ Cyclosporine (Cyclosporine A) ☐ Tumor Necrosis Factor (TNF) ☐ Anti-rejection medications for s ☐ Other*(Specify):	alpha inhibitorsDate Initia solid organ transplant Date Ini	ted: tiated:
Symptoms of TB present.	S1	START HERE Symptom Inquiry	No symptoms of TB.	
	☐ Yes - History of TB	disease:		
	(yyyy-mm-dd Positive Tuberculin	-	History of positive TB skin test AND/OR History of TB disease?	
	Date:S	ize mm	I Island of the disease.	
	+		₩ N5	٦
	Adequate treatment disease or infection		Do TB skin test.	N7
	₩N3	N4	Date:(yyyy-mm-dd) N6	Size:m
	No.	Yes. No further follow up unless symptoms present.	☐ Positive.	No further
a. Refer to family physician or nur	rea practitioner for	Ensure client is aware of symptoms and what to do	≥ 5 mm Size: mm	screening necessary unles a new exposure
assessment (including CXF	₹)	if they occur. Flag file re previous TB disease or infection –		
b. Collect Sputum for AFB x 3. Date 1: Date 2:	(yyyy-mm-dd) (yyyy-mm-dd)	treated.		ecommended.
Date 3: c. Refer to TB Services using the	(yyyy-mm-dd)	Prophylaxis recommended, accept and completed?	ed	completed.
Date:TB File #_	(yyyy-mm-dd)	T2		(yyyy-mm-dd)
		Date prophylaxis completed:		up every 6-12 months OR erioration in health status
No further necess		(yyyy-mm-dd)	Use 'Foll	ow-Up' screen algorithm
Date Algorithm completed:	(yyyy-mm-dd)	Signature		
■ Faxed to Alberta Region T	,	(yyyy-mm-dd)	Fax: 7	780-495-8070

