BC Centre for Disease Control
Provincial Health Services Authority

Documentation Guide for TB Screening Form For Health Care Providers

The TB Screening Form is used to document relevant medical history and testing required. TB Services (TBS) physicians to make an appropriate diagnosis and recommendations. This documentation guide supports health care providers' responsibilities to document relevant and accurate assessment information to ensure quality referrals to TBS. Significant delays in care can arise if information is missing or unclear.

NOTE: Jurisdictions utilizing electronic medical record systems will be required to provide the same information.

PART 1: CLIENT COMPLETES (use ink and print clearly)

NAME ON BC SERVICES CARD — Last | First | Middle

NAME (PREFERRED)

DATE OF BIRTH (YYYY/MM/DD)

FULL ADDRESS

CITY

PROVINCE

POSTAL CODE

WHAT SEX IS ON YOUR BC SERVICE CARD?
☐ FEMALE ☐ MALE ☐ X ☐ PREFER NOT TO ANS **1**

TO SELF-IDENTIFY YOUR GENDER AND PRONOUNS, PLEASE COMPLETE THE FOLLOWING
☐ PREFER NOT TO ANSWER ☐ FEMALE ☐ MALE ☐ AGENDER
☐ NON-BINARY ☐ TRANSGENDER ☐ GENDER CREATIVE
☐ MY GENDER IS _____

☐ MY PRONOUNS ARE _____

DO YOU SELF-IDENTIFY AS AN INDIGENOUS PERSON? ☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

IF YES, HOW DO YOU IDENTIFY? SELECT ALL THAT APPLY ☐ FIRST NATIONS, ☐ STATUS ☐ NON-STATUS ☐ INUIT ☐ MÉTIS

DO YOU RESIDE IN A FIRST NATIONS COMMUNITY? ☐ YES (50% OF TIME OR MORE) ☐ NO **2**

IF YES, WHICH COMMUNITY DO YOU LIVE IN? _____

DO YOU IDENTIFY AS TWO-SPIRIT? ☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

COUNTRY OR CANADIAN PROVINCE OF BIRTH **3**

DATE ENTERED CANADA (YYYY/MM/DD)

PRIMARY PHONE NUMBER

CELL PHONE NUMBER

1

Trans and gender diverse clients face health inequities, some related to issues with misnaming, mispronouncing and the invisibility of this diverse population. Improvements in gender and sex data collection and management are needed. To help address these issues, the questions on this form align with PHSA's TransCare BC program recommendations.

2

Indigenous peoples are disproportionately affected by TB due to current and historical social and health service inequities related to colonialism. Quality data is needed to inform program and service provision to close the health equity gap. Therefore it is important to ask clients culturally safe questions as outlined by the Aboriginal Administrative Data Standards and the article "What and who is Two-Spirit?".

3

People from countries of high TB incidence have a higher risk for exposure, and this information helps clinicians assess their TB risk and appropriate follow-up. Further, their experiences of social, legal and economic inequities in Canada affect their risk of reactivation. In BC, about 80% of active TB cases occur in those born in high burden countries, although local transmission is low within BC.

PART 2: HEALTH CARE PROVIDER COMPLETES

REASON FOR SCREENING (SEE CODES ON PAGE 2) **4**

ALLERGIES ☐ NO ☐ YES, LIST ITEM AND REACTION

INJECTABLE LIVE VIRUS VACCINE OR MAJOR VIRAL ILLNESS IN THE LAST 4 WEEKS
☐ YES, DATE ☐ NO

IF CONTACT, NAME OF TB CASE OR ID# **5**

LAST DATE OF CONTACT

HISTORIC EXPOSURE? IF YES, LIST DETAILS (NAME, DATE, ID#)
☐ YES ☐ NO

4

The reason for screening influences clinical interpretation, recommended follow-up tests, and whether to provide clearance. Codes are in drop-down menu on the electronic version, or on page 2 of paper version of form).

Without complete information, there will be delays in processing (e.g., for the *pre-biologic screening* code provide the **medication name, dose and duration**. If more space is needed, use the "Additional Comments" box below).

5

Ensures screening tests occurred within recommended timeframe, and that reported results are valid.

Contact information influences decision to recommend treatment and the type of treatment (e.g., consideration of resistance).

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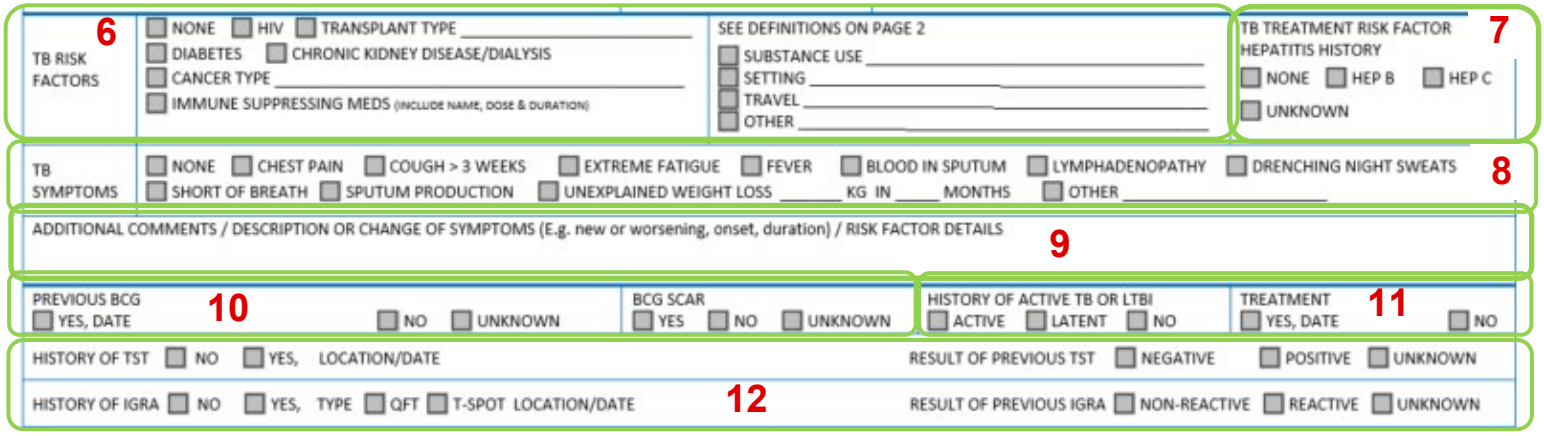


6

Determine risk for TB exposure or TB disease. Select 'None' if no risk factors present. Note, only select immune suppressing meds if currently on treatment. Use drop-down menu as prompted or refer to page 2 of form for definitions.

7

Hepatitis history influences TB treatment recommendations (i.e., hepatotoxicity)

8

Determines if further diagnostic tests are needed. Select 'None' if asymptomatic.

9

Include further relevant clinical information (e.g. recent CD4+ count, dates of symptom onset or resolution). Use separate pages if needed.

10

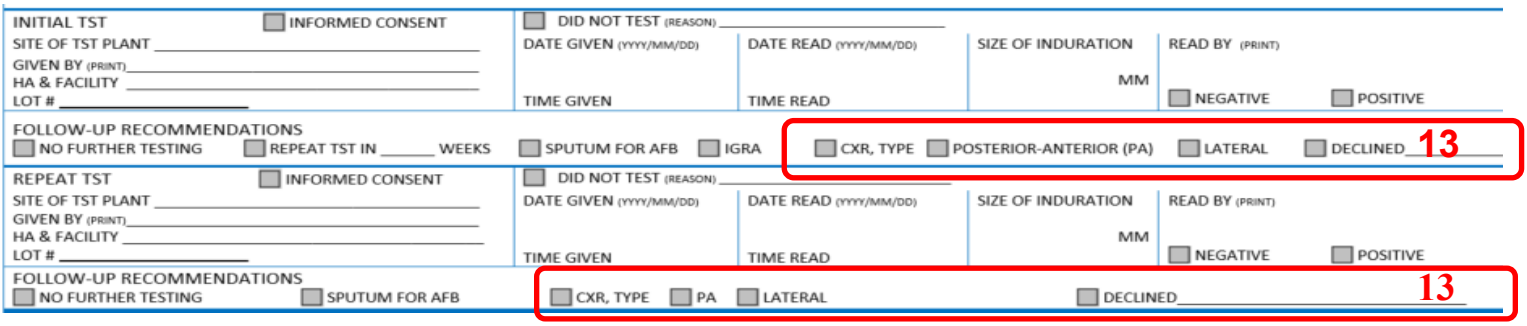
BCG history informs TST results and/or the need for IGRA.

11

If prior TB history, then TST/IGRA is not indicated.

12

TB screening history is required for interpretation of results.



13

Please indicate what type of CXR is needed. For children less than 5 years of age and people living with HIV infection, order posterior-anterior (PA) **and** lateral CXR views. Order PA view only for all other clients.

Resources: Refer to the BCCDC TB Manual, TB DST, and TST Quick Reference Guide. Find more TB Clinical resources at www.bccdc.ca.

Questions: Refer to the documentation standards in your Health Authority. Contact the CD Leads in your region or the BCCDC TB Nurse Consultants at **604-707-5678** or email TBNurseConsultants@bccdc.ca.

References

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