

## Annual Tuberculosis (TB) Screening

Self Declaration

This form must be completed AFTER I	MAY 1ST (NO SOONER	and submitted by	V JULY 31ST	at the latest
This form must be completed AI TER		() und Submitted b	<u>, , , , , , , , , , , , , , , , , , , </u>	

Instructions for submission: https://fhs.mcmaster.ca/healthscreening/forms and submission.html

CHECK YOUR RECORDS FOR THE RESULT OF YOUR LAST TB SKIN TEST (TST):				
If it was negative – Go to A	If it was positive – Go to B			
A. SINCE YOUR LAST NEGATIVE TST HAVE YOU:				
homeless shelter or refugee camp1?	n Canada working or volunteering in a hospital, long-term care facility, prison,			
□ No □ Yes – Country/Dates				
2. Spent 3 months or more in a country				
No L Yes – Country/Dates				
	significant exposure to an individual with active TB disease:			
No Ves – Dates				
PLEASE SIGN & DATE BELOW AND SUBMIT				
NOTE: Some placement sites may require a	more recent test; check placement site requirements well in advance of your start date.			
B. IF YOUR LAST TST WAS POSITIVE	: Answer both 1 & 2			
1. Is this a NEW positive test not previously reported to the Health Screening Office (HSO)?				
No – Repeat chest x-ray is not re	equired unless symptoms of active TB disease are present.			
	linical activities and report the positive result to your Program Manager and the HSO at ately. Provide documentation of the positive TST and a chest x-ray report.			
<ol> <li>Do you currently have any symptoms of active TB disease? Symptoms include persistent cough or fever lasting three or more weeks, hemoptysis (coughing up blood), night sweats, unexplained or involuntary weight loss.</li> </ol>				
□ No				
Yes – You must withdraw from c from a physician prior to returnin	linical activities and seek prompt medical attention. The HSO will require a letter g to clinical activities.			
PLEASE SIGN & DATE BELOW AND SUBMIT				
LAST NAME:	FIRST NAME:			
PROGRAM:				
LEARNER SIGNATURE:	DATE:			

<sup>1</sup> https://www.canada.ca/en/public-health/services/diseases/tuberculosis/health-professionals.html