

Students with previous negative TB screening are required to complete this form annually.

This form must be completed after May 1st and submitted by July 31st at the latest to the HEALTH SCREENING OFFICE.

Instructions for submission are on the Health Screening website: <https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

STUDENT INFORMATION:

Name (last): _____ Name (first): _____

Program: _____

TB EXPOSURES – Student to complete this section: Do any of the following apply in the last year?

- Yes No New positive tuberculin skin test (TST) documented (not previously reported).
- Yes No Significant exposure to an individual with active (infectious) TB disease (i.e. lived with or had an intimate relationship with someone with active TB, or notified by Occupational Health or Public Health about possible exposure to active TB).
- Yes No Clinical placement in health care facility with high risk of exposure to infectious TB disease.
- Yes No Clinical placement in a country with a high incidence TB (30 or more cases per 100,000). ** See rate in first column in report: http://www.who.int/tb/publications/global_report/qtbr2017_annex4.pdf?ua=1

** Exposure criteria for post-travel TB testing:

- ≥ 1 month of travel to TB incidence country ≥ 30/100,000 population with high-risk contact, particularly direct patient contact in a hospital or indoor setting, but possibly including work in prisons, homeless shelters, refugee camps or inner-city slums.
- ≥ 3 months of travel to TB incidence country > 400/100,000 population
- ≥ 6 months of travel to TB incidence country 200-399/100,000 population
- ≥ 12 months of travel to TB incidence country 100-199/100,000 population

Student signature: _____ Date: _____

If “No” applies to all questions: STOP HERE. An updated TST is NOT required by the Health Screening Office. **Note:** Some clinical placement sites may require a more recent TST; students are responsible to be aware of their placement site’s requirements.

If “Yes” applies to one or more questions: Attach documentation of the new positive TST or a single TST eight or more weeks post-exposure or have a qualified health care profession (HCP) complete below:

TST negative: STOP HERE.

TST positive: Attach a copy of a chest x-ray report dated subsequent to the positive test. Students must report the positive result to their program manager and withdraw from clinical activities until they are cleared by the Health Screening Office. Students with a negative chest x-ray and no symptoms of active TB disease will be cleared for participation in clinical activities with no restriction.

Student to verify the following: I verify that I do not currently have any symptoms of active TB disease (cough lasting three or more weeks; hemoptysis; shortness of breath; chest pain; fever; chills; night sweats; unexplained or involuntary weight loss).

Student signature: _____ Date: _____

NOTE: A positive TST must be reported to Public Health Services by the HCP. Referral may be made to the TB Clinic at St. Joseph’s Healthcare: Tel: 905-522-1155 Ext 34198, Fax: 905-525-5806.

DATE TST given	DATE TST read	mm induration	Interpretation	HCP Initials

HCP Information:

Name: _____ Profession: _____ Initials: _____

Signature: _____ Date: _____

Office stamp or address/telephone: