



PREVIOUS POSITIVE TB HISTORY  
ANNUAL UPDATE  
Health Professional Programs

If you have previously submitted a record of the positive tuberculin skin test (TST) or other positive TB history, negative chest x-ray report, and verification of no symptoms of active TB disease, you are required to complete this form annually. Another chest x-ray or TST is NOT required unless you have symptoms suggestive of active TB disease.

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

Instructions for submission can be found on the Health Screening website:

<https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

Signs and symptoms of active tuberculosis disease:

- Persistent cough or fever of at least 2-3 weeks duration
- Hemoptysis (coughing up of blood)
- Night sweats
- Unexplained weight loss

Student must verify:

- I currently do not have any signs or symptoms of possible TB disease listed above

Name (last): \_\_\_\_\_ Name (first): \_\_\_\_\_

Program: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Screening Office, MDCL 3514, 1280 Main Street West, Hamilton ON L8S 4K1, (905) 525-9140 ext 22249, fax 905-528-4348**