

Students with previous negative TB screening who subsequently convert to a positive tuberculin skin test (TST) during their program must complete this form.

Students with a new positive TST, normal chest x-ray and no symptoms of active TB disease may return to clinical activities with no restrictions **after they are cleared by the Health Screening Office.**

Please submit this form to the Health Screening Office (not your Program Office).

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

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

STUDENT INFORMATION:

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

Program: _____ Program year level: _____

1. Positive TST: Student may attach official records or have a nurse or physician complete the following:

	Date Given	Date Read	mm induration	HCP Initials
Positive TST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

HEALTH CARE PROFESSIONAL (HCP) INFORMATION:

Name: _____ Profession: _____ Initials: _____

Address: _____

Telephone _____ Fax: _____

Signature: _____ Date: _____

2. Chest x-ray:

A chest x-ray is required dated subsequent to the positive TST. Attach the report. If the x-ray is abnormal, a letter from a physician explaining the findings is required.

3. TB Self-Declaration: Student to complete if chest x-ray is normal and no symptoms of active TB disease

Student to acknowledge the following:

- I understand that's sometimes latent (noninfectious) TB infection can progress to active TB disease even for individuals who have normal chest x-rays, and for those who were successfully treated for active TB disease or latent TB infection in the past.
- I currently do not have any signs or symptoms of possible TB disease (cough lasting three or more weeks; hemoptysis (coughing up blood); shortness of breath; chest pain; fever; chills; night sweats; unexplained or involuntary weight loss)
- I will obtain a prompt medical assessment from a physician if I develop any signs and symptoms of possible TB disease.

Student signature: _____ Date: _____