

Please submit to the Health Screening Office
For additional information and submission instructions:
<https://fhs.mcmaster.ca/healthscreening/formsandsubmission.html>

Learners with previous negative TB tuberculin skin testing (TST) who subsequently convert to a positive TST during their program are required to complete this form.

Note: Learners with a NEW positive TST must withdraw from clinical activities and report the result to their Program Manager and the Health Screening Office immediately; the Health Screening Office will determine when learners may return to clinical activities.

Provide documentation of the positive TST and a chest x-ray report (if not already submitted) completed after the positive TST. A medical assessment should be performed under the direction of a physician. In the absence of active TB disease, a referral should be considered for assessment and treatment of latent TB infection. Learners with a negative chest x-ray and no symptoms of active TB disease will be fully cleared for participation in clinical activities.

Symptoms of active TB disease include:

- persistent cough lasting three or more weeks
- hemoptysis (coughing up blood)
- night sweats
- unexplained or involuntary weight loss

Do you currently have any symptoms of active TB disease listed above?

NO

YES – Letter from a physician required.

Learner name (last): _____ (first): _____

Signature: _____ Date: _____

Program: _____

This section may be completed by a qualified health care professional (HCP) to document the positive TST

Date TST given (Year/Month/Day)	Date TST read (Year/Month/Day)	mm induration	Interpretation	HCP Initials

HCP Name: _____ Profession: _____ Initials: _____

Signature: _____ Date: _____

Address/Telephone: _____

office stamp: _____