



**IMMUNIZATION RECORD
FOR RETURNING STUDENTS – TB TEST**

**SUBMISSION OF THIS FORM IS MANDATORY IF THE RESULTS OF
LAST YEAR’S TB TEST WAS NEGATIVE.**

(If your TB test result from the last academic year was Positive, further testing is not required.)

Name of Student: _____ **Student #:** _____

DATE OF TUBERCULIN TEST: _____

Results: **Negative** **Positive** *

Reading (induration) in mm. _____

Date of last known negative: _____

Previous treatment for TB: No Yes

CHEST X-RAY (*required if test was positive):

X-Ray Date: _____

Results: _____
(normal or abnormal)

Chest X-rays should be taken on students who:

- i. are TB skin test positive and have never been evaluated for the positive skin test;
- ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
- iii. have pulmonary symptoms that may be due to TB.

If the evaluation of a student is suggestive of TB, the health care provider MUST direct the student to a TB clinic for further assessment and recommendations.(For example: Toronto Western Hospital TB Clinic Tel: 416-603-5853)

Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

Trainee Authorization: I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

Signature of Student: _____ **Date:** _____

Clinic/Health Centre Authorization:

(name, address and phone number of centre where form completed)

Signature: _____ (trainee cannot sign own form) **Date:** _____