



**REHABILITATION SCIENCES SECTOR
YEAR TWO STUDENT IMMUNIZATION FORM**

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.)

Student Name: _____ **Student ID #:** _____

Indicate applicable department:

	Department	Method of Submission	Clinical Education Administrative Coordinator
<input type="checkbox"/>	Occupational Science & Occupational Therapy	Submit to rss.academics@utoronto.ca	rss.academics@utoronto.ca
<input type="checkbox"/>	Physical Therapy - MScPT	Submit to rss.ptclined@utoronto.ca	rss.ptclined@utoronto.ca
<input type="checkbox"/>	Speech-Language Pathology	Submit to rss.academics@utoronto.ca	rss.academics@utoronto.ca

This form is due the first day of your second year.

DATE OF TUBERCULIN TEST: _____ Interpretation: Negative ☐ Positive ☐*
(dd/mm/yyyy)

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:** _____
(dd/mm/yyyy) (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:** _____

