

## 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  $\Box$  Yes  $\Box$ 

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

X-Ray Date: \_\_\_\_\_

Chest X-rays should be taken on students who:

iv. are TB skin test positive and have never been evaluated for the positive skin test;

had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or ii.

have pulmonary symptoms that may be due to TB. iii.

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 department of speech-language pathology administrative staff as appropriate.

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: \_\_\_\_\_

Please return to: Student Affairs Assistant, #1064. Please retain a copy for your records. An administrative fee will be charged to release your record (to you or others) after it has been submitted to the Student Affairs Office.

\*Please photocopy or scan this form for your personal records prior to submitting it\*

Last updated Nov 13 2013 Expert Panel