

## IMMUNIZATION RECORD FOR RETURNING STUDENTS – TB TEST

## SUBMISSION OF THIS FORM IS <u>MANDATORY</u> IF THE RESULTS OF LAST YEAR'S TB TEST WAS <u>NEGATIVE</u>.

(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 posi	tive):
X-Ray Date:	Results: (normal or abnormal)
Chest X-rays should be taken on students who:  iv. are TB skin test positive and have never been  ii. had a previous diagnosis of tuberculosis bu  iii. have pulmonary symptoms that may be due	evaluated for the positive skin test; at have never received adequate treatment for TB; and/or
If the evaluation of a student is suggestive of TB, the hassessment and recommendations. (For example: Toron	nealth care provider MUST direct the student to a TB clinic for further nto Western Hospital TB Clinic Tel: 416-603-5853)
	TB disease, tuberculin skin test converters and those with a positive TB Health. Occupationally acquired active TB and LTBI are also WSIB) and the Ontario Ministry of Labour.
<b>Trainee Authorization:</b> I give my consent that the university/hospital teaching and <b>department of speech-</b>	
Signature of Student:	Date:
Clinic/Health Centre Authorization:	
(name, address and phone number of centre where form completed)	
Signature:	(trainee cannot sign own form) <b>Date:</b>

Please return to: Student Affairs Office, #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.