



IMMUNIZATION/HEALTH RECORD

**IF YOUR TB TEST RESULT FROM THE LAST ACADEMIC YEAR WAS POSITIVE, FURTHER TESTING IS NOT REQUIRED**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

This health form should be sent to the Student Affairs Office by Orientation day. It is your responsibility to keep a copy or scan of the completed form, as it may be requested by clinical facilities. An administrative fee will be charged to release your record (to you or others) after it has been submitted. It is absolutely critical that this form is submitted on time. You will not be permitted on clinical site visits until this form is submitted.

If you have questions, contact the Student Affairs Office, Department of Speech-Language Pathology, Faculty of Medicine  
Telephone: 416-978-1794 Email: slp.studentaffairs@utoronto.ca

**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.

**COVID VACCINE – Vaccination is strongly recommended.**

Date of 1<sup>st</sup> shot: \_\_\_\_\_ Date of 2<sup>nd</sup> shot: \_\_\_\_\_

*(dd/mm/yyyy)*

*(dd/mm/yyyy)*

**COVID Vaccine:**

Covid vaccination is strongly recommended. Students who choose not to have a Covid vaccination should be aware that they may be limited from clinical placements in hospitals without documentation of vaccination.



**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:** \_\_\_\_\_