



uOttawa

Student Placement Risk Management

Two-Step Tuberculin Skin Test (TST)

Program				
Medicine <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective	Nursing <input type="checkbox"/> <input type="checkbox"/> Generic program (select campus): <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Pembroke <input type="checkbox"/> Bridging <input type="checkbox"/> 2nd Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP	Rehabilitation <input type="checkbox"/> <input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech-Language Pathology	Education <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master of Education in Counselling Psychology	Social Sciences <input type="checkbox"/> <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Social Work
		Nutrition <input type="checkbox"/>	Sciences <input type="checkbox"/> <input type="checkbox"/> Ophthalmic Medical Technology	Human Kinetics <input type="checkbox"/>
Last name: _____ First name: _____ Student number: _____ Year of admission: _____ Email: _____ Telephone: _____ Date of birth (yy/mm/dd): _____/_____/_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary				
Two-Step Tuberculin Skin Test				
Step 1: Date implanted (yy/mm/dd): _____/_____/_____		Time: _____:_____ AM <input type="checkbox"/> PM <input type="checkbox"/>		
<i>Results must be read within 48-72 hours of implantation.</i> Date read (yy/mm/dd): _____/_____/_____		Time: _____:_____ AM <input type="checkbox"/> PM <input type="checkbox"/> Result: _____ mm of induration		
Step 2: <i>Must be completed 7-28 days after the first implantation (one-step TST).</i> Date implanted (yy/mm/dd): _____/_____/_____		Time: _____:_____ AM <input type="checkbox"/> PM <input type="checkbox"/>		
<i>Results must be read within 48-72 hours of implantation.</i> Date read (yy/mm/dd): _____/_____/_____		Time: _____:_____ AM <input type="checkbox"/> PM <input type="checkbox"/> Result: _____ mm of induration		
If induration is ≥ 10mm, a chest X-ray is required:				
Date of CXR (yy/mm/dd): _____/_____/_____		Results: _____ (Attach Report)		
Attesting Signature of Health Care Professional (HCP)				
Name: _____ Signature: _____ Title: _____ Date (yy/mm/dd): _____/_____/_____		Stamp:		

Please email this form to your corresponding Clinical Placement Risk Management Advisor at the University of Ottawa.