

## ONE-STEP TUBERCULIN SKIN TEST (TST)

<b>Last name:</b>	<b>First name:</b>	
<b>Date of birth</b> (yyyy/mm/dd):	<b>Telephone:</b>	
<b>Email:</b>	<b>Year of admission:</b>	<b>Student number:</b>

Program	Nursing	Rehabilitation Sciences	Food and Nutrition Sciences	Human Kinetics
	<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"/> Second Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP	<input type="checkbox"/> Audiology <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>

Tuberculin skin test	
<b>Date administered</b> (yyyy/mm/dd):	<b>Time:</b> _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Results must be read within 48 to 72 hours of administration</b>	
<b>Date read</b> (yyyy/mm/dd):	<b>Time:</b> _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Results:</b> _____ mm of induration	
<b>If induration <math>\geq</math> 10 mm, a chest x-ray is required:</b>	
<b>Date of CXR</b> (yyyy/mm/dd):	<b>Results:</b> _____
<b>Attach a copy of CXR report</b>	

Signature of attesting health care professional (HCP)		
<b>Name:</b>	<b>Initials:</b>	<b>Medical clinic stamp:</b>
<b>Address:</b>		
<b>Tel.:</b>	<b>Profession:</b>	
<b>Signature:</b>	<b>Date:</b>	

Email this form to your student placement and experiential learning requirements management adviser at the Faculty of Health Sciences.