University of Ottawa Faculty of Health Sciences Placement and Experiential Learning Requirements Management



TUBERCULOSIS SIGNS AND SYMPTOMS SELF-DECLARATION

Last name:			First name:				
Date of birth (yyyy-mm-dd):			Telephone:				
Email:		Year of admissi		ion:	Student number:		
Program	Nursing Generic program (select campus): Ottawa Woodroffe Pembroke Bridging Second Entry Graduate MScN Diploma in PHCNP	Rehabilitatio Audiology Speech Lang Occupationa Physiotherap	Sciences Iguage Pathology al Therapy		ition	Human Kinetics	
If you have previously tested positive on a tuberculin skin test (TST), you should not be retested. However, you must submit proof of your positive TST and chest X-ray report. In addition, you must complete the <i>Tuberculosis Signs and Symptoms Self-Declaration</i> form annually instead of your annual TST requirement. Select all the applicable boxes for any signs and symptoms of tuberculosis you may be experiencing:							
	Fever			stent cough (longer		o weeks)	
-	☐ Chills ☐ Night sweats	Coughing up bloody sputumShortness of breath					
ſ	☐ Flu-like symptoms			☐ Breathing difficulty			
ſ	☐ Unexplained weight loss		□ Chest	pain			
☐ I CONFIRM THAT I AM NOT EXPERIENCING ANY OF THE ABOVE SIGNS OR SYMPTOMS.							
If you begin experiencing any of the above signs and symptoms, consult your health care professional and IMMEDIATELY advise your student placement risk management adviser. Signature:							
Date (yyyy-mm-dd):/							

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