



uOttawa

Clinical Placement Risk Management

## One-Step Tuberculin Skin Test (TST)

<b>Program</b>		
<b>Medicine</b> <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Undergraduate Elective <input type="checkbox"/> Visiting Medical Student <input type="checkbox"/> Canadian Studying Abroad <input type="checkbox"/> International	<b>Medicine</b> <input type="checkbox"/> <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective <input type="checkbox"/> Enhancement Year Program	<b>Pharmacy</b> <input type="checkbox"/> <input type="checkbox"/> Undergraduate
<b>Last name:</b> _____ <b>First name:</b> _____		
<b>Student number:</b> _____ <b>Year of admission:</b> _____		
<b>Email:</b> _____ <b>Telephone:</b> _____		
<b>Date of birth (yyyy/mm/dd):</b> ____ / ____ / ____		
<b>Tuberculin Skin Test</b>		
<b>Step 1:</b> Date implanted (yyyy/mm/dd): ____ / ____ / ____		Time: ____ : ____ AM <input type="checkbox"/> PM <input type="checkbox"/>
<b>Results must be read within 48-72 hours of implantation.</b> Date read (yyyy/mm/dd): ____ / ____ / ____		Time: ____ : ____ AM <input type="checkbox"/> PM <input type="checkbox"/> Result: ____ mm of induration
<b>If induration is <math>\geq 10</math>mm, a chest X-ray is required:</b>		
Date of CXR (yyyy/mm/dd): ____ / ____ / ____		Results: _____ ( <i>Attach Report</i> )
<b>Attesting Signature of Health Care Professional (HCP)</b>		
Name: _____ Signature: _____ Title: _____ Date (yyyy/mm/dd): ____ / ____ / ____		Stamp: _____

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