



uOttawa

Clinical Placement Risk Management

Two-Step Tuberculin Skin Test (TST)

Program		
Medicine <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	Medicine <input type="checkbox"/> <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective <input type="checkbox"/> Enhancement Year Program	Pharmacy <input type="checkbox"/> <input type="checkbox"/> Undergraduate
Last name: _____ First name: _____		
Student number: _____ Year of admission: _____		
Email: _____ Telephone: _____		
Date of birth (yyyy/mm/dd): ____/____/____		
Two-Step Tuberculin Skin Test		
Step 1: Date implanted (yyyy/mm/dd): ____/____/____	Time: ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
Results must be read within 48-72 hours of implantation. Date read (yyyy/mm/dd): ____/____/____	Time: ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> Result: ____ mm of induration	
Step 2: <i>Ideally 7-28 days after the first implantation (one-step TST) but may be up to 12 months apart.</i> Date implanted (yyyy/mm/dd): ____/____/____	Time: ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
Results must be read within 48-72 hours of implantation. Date read (yyyy/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 (yyyy/mm/dd): ____/____/____	Results: _____ (<i>Attach Report</i>)	
Attesting Signature of Health Care Professional (HCP)		
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.