

Tuberculosis Signs and Symptoms Self-Declaration

If you have previously tested positive on a Tuberculin Skin Test (TST), you should <u>NOT</u> be retested. However, proof of your positive TST and chest X-ray report must be submitted. In addition, the *Tuberculosis Signs and Symptoms Self-Declaration* form must be completed annually in lieu of your annual TST requirement.

Program		
Medicine ☐ ☐ Undergraduate ☐ Undergraduate Elective ☐ Visiting Medical Student ☐ Canadian Studying Abroad ☐ International	Medicine ☐ ☐ Postgraduate ☐ Postgraduate Elective ☐ Enhancement Year Program	Pharmacy ☐ ☐ Undergraduate
Last name:First name:		
Student number:	Year of admission:	
Email:	Telephone:	
Date of birth (yyyy/mm/dd):/		
Please check off any of the applicable box symptoms of tuberculosis: rever chills night sweats	persistent cough long coughing up bloody s shortness of breath	ger than two weeks
☐ flu like symptoms	□ breathing difficulty	
☐ unexplained loss of weight	□ chest pain	
☐ I CONFIRM THAT I AM NOT EXPERIENCING ANY OF THE ABOVE SIGNS OR SYMPTOMS		
You must consult your health care professional and IMMEDIATELY inform your Clinical Placement Risk Management Advisor if you begin experiencing any of the above signs and symptoms. Signature: Date (yyyy/mm/dd):		

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

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