



uOttawa

Clinical Placement Risk Management

One-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): ____ / ____ / ____		
Tuberculin Skin Test		
Step 1:		
Date implanted (yyyy/mm/dd): ____ / ____ / ____		Time: ____ : ____ AM <input type="checkbox"/> PM <input type="checkbox"/>
<i>Results must be read within 48-72 hours of implantation.</i>		
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: _____ (Attach Report)
Attesting Signature of Health Care Professional (HCP)		
Name: _____		Stamp: _____
Signature: _____		
Title: _____		
Date (yyyy/mm/dd): ____ / ____ / ____		

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