



uOttawa
Clinical Placement Risk Management

Tuberculosis Signs and Symptoms Self-Declaration

If you have previously tested positive on a Tuberculin Skin Test (TST), you should **NOT** 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 <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Undergraduate Elective <ul style="list-style-type: none"> <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): ____/____/____		

Please check off any of the applicable boxes below if you are currently experiencing any of the following signs and symptoms of tuberculosis:

<input type="checkbox"/> fever	<input type="checkbox"/> persistent cough longer than two weeks
<input type="checkbox"/> chills	<input type="checkbox"/> coughing up bloody sputum
<input type="checkbox"/> night sweats	<input type="checkbox"/> shortness of breath
<input type="checkbox"/> flu like symptoms	<input type="checkbox"/> breathing difficulty
<input type="checkbox"/> unexplained loss of weight	<input type="checkbox"/> chest pain
<input type="checkbox"/> 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.