



uOttawa

Student Placement Risk Management

One-Step Tuberculin Skin Test (TST)

Program	
Last name: _____	First name: _____
Student number: _____	Year of admission: _____
Email: _____	Telephone: _____
Date of birth (yy/mm/dd): ____ / ____ / ____	
Tuberculin Skin Test	
Step 1: Date implanted (yy/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 (yy/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 (yy/mm/dd): ____ / ____ / ____	Results: _____ (<i>Attach Report</i>)
Attesting Signature of Health Care Professional (HCP)	
Name: _____ Signature: _____ Title: _____ Date (yy/mm/dd): ____ / ____ / ____	Stamp:

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