



uOttawa

Student 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"/> Postgraduate <input type="checkbox"/> Postgraduate Elective	Nursing <input type="checkbox"/> <input type="checkbox"/> Generic program (select campus): <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Pembroke <input type="checkbox"/> Bridging <input type="checkbox"/> 2nd Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP	Rehabilitation <input type="checkbox"/> <input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech-Language Pathology	Education <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master of Education in Counselling Psychology	Social Sciences <input type="checkbox"/> <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Social Work	
		Nutrition <input type="checkbox"/>	Sciences <input type="checkbox"/> <input type="checkbox"/> Ophthalmic Medical Technology	Human Kinetics <input type="checkbox"/>	
Last name: _____		First name: _____			
Student number: _____		Year of admission: _____			
Email: _____		Telephone: _____			
Date of birth (yy/mm/dd): ____/____/____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			

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

I CONFIRM THAT I AM NOT EXPERIENCING ANY OF THE ABOVE SIGNS OR SYMPTOMS

If you begin experiencing any of the above signs and symptoms, you must consult your health care professional and **IMMEDIATELY** advise your Clinical Placement Risk Management Advisor!

Signature: _____

Date (yy/mm/dd): ____/____/____

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