



uOttawa

Clinical Placement Risk Management

One Step Tuberculin Skin Test (TST)

Program				
Medicine <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective <input type="checkbox"/> Visiting Medical Student (VMS) <input type="checkbox"/> Canadian Student Abroad (CSA)	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"/> Post-RN <input type="checkbox"/> 2nd Entry <input type="checkbox"/> MScN/NP <input type="checkbox"/> Bridging	Human Kinetics <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate	Nutrition <input type="checkbox"/> Undergraduate	Rehabilitation <input type="checkbox"/> <input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech –Language Pathology <input type="checkbox"/> Auditory-Verbal Diploma
Name(Last): _____ (Given): _____				
Student Number: _____ Year of admission: 20 _____				
E-mail: _____				
Date of birth (yy/mm/dd): ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female				
Tuberculin Skin Test				
Step 1: Date implanted(yy/mm/dd): ____/____/____		Time: ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>		
Results must be read within 48-72 hours of implantation. 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: _____ (Attach Report)		
Attesting Signature of Health Care Professional (HCP)				
Name: _____ Signature: _____ Title: _____ Date(yy/mm/dd): ____/____/____		Stamp: _____		

Please email this form to your corresponding Risk Management Nurse.

<http://www.uottawa.ca/services/ehss/CPRM.html>