



uOttawa

Clinical Placement Risk Management

Tuberculosis Signs and Symptoms Self-Declaration

If you have previously tested positive on your Tuberculin Skin Test (TST), you should **not** be retested; however, proof of previous positive testing and subsequent chest x-ray report must be submitted. In addition, the *Tuberculosis Signs and Symptoms Self-Declaration* form must be completed annually in place of your annual TST requirement.

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"/> <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				

Below are some possible signs and symptoms of tuberculosis. Please check if you have recently experienced or are currently experiencing any of the following:

<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	

If you experience any of the above signs or symptoms, you must consult your health care professional and advise the Clinical Placement Risk Management Team ***immediately***.

Signature: _____

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

Please email this form to your corresponding Risk Management Nurse.

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