

Ryerson University Midwifery Education Program Tuberculosis Screening Form

Student Name: _____

Health Care Provider Information (To be filled out by HCP)

Name: _____ Profession: _____ Initials: _____

Address: _____

Phone: _____ Fax or Email : _____

Signature: _____ Date: _____

ANNUAL TUBERCULOSIS (TB) SCREENING

A. TB Skin Tests (TSTs):

- Do not do if history of positive TST. Proceed to B.
- If student has previously submitted a negative two-step TST to the MEP, then only a one-step TST is required. Otherwise, perform a two-step TST.
- If TST is positive, proceed to B.

TB Skin Tests (TSTs)

	Date Given	Date Read	mm Induration	HCP Initials
Step One				
Step Two if required				

B. Positive TST or history positive TST:

- Chest x-ray subsequent to positive result in A. is required.
- HCP must review previous chest x-ray and confirm no signs or symptoms are present.
- Yearly chest x-rays for positive history following initial x-ray are **not** required unless clinical status has changed or advised by HCP.
- Student to read and sign verification below.

Chest x-ray (attach new report not yet submitted)

Date	Result	HCP Initials

HCP Assessment

Date	Findings	HCP Initials

Student in B. to verify:

1. I have received medical assessment and education about positive TST.
2. I will report any symptoms of active tuberculosis disease to my HCP and to the MEP Program Office (persistent cough > 2 weeks, bloody sputum, night sweats, fever, unexplained weight loss).

Student Initials
1.
2.