

**Toronto Metropolitan 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. |