

### Annual Tuberculosis Self-Verification Form Entry Year to MWF 121 and Higher

This form must be completed and submitted annually to Synergy Gateway, beginning with the entry year to MWF 121 Fundamentals in Midwifery. NOTE: Some placement sites may require a recent tuberculin skin test (TST); check placement site requirements well in advance of your start date. **COMPLETE PART A or PART B** based on your personal history and the Student Declaration, and submit the form to Synergy.

#### A. History of negative tuberculin skin test (TST) and negative history of TB infection or disease

Since your last negative test, indicate if you have you:

1. Spent any time in a country other than Canada working or volunteering in a hospital, long-term care facility, prison, homeless shelter or refugee camp?  
 No  Yes – Country/dates:
2. Spent 3 months or more in a country other than Canada?  
 No  Yes – Country/dates:
3. Have you been notified that you had significant exposure to an individual with active TB disease?  
 No  Yes

If you answer 'Yes' to any above, you are advised to monitor symptoms of TB infection and contact your health care provider if any symptoms develop. You may want to consider having a one-step TST.

#### B. History of positive TST or positive history of TB infection of disease

1. Do you have a positive TST that has not been reported to the MEP?  
 No  
 Yes – You must withdraw from clinical activities and see a physician to arrange for a x-ray and provide the results to the MEP.
2. Do you currently have any symptoms of active TB disease? Symptoms include persistent cough or fever lasting three or more weeks, hemoptysis (coughing up blood), night sweats, unexplained or involuntary weight loss?  
 No  
 Yes – You must withdraw from clinical activities and seek prompt medical attention. The MEP will require a letter from a physician prior to returning to clinical activities.

#### Student Declaration

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ TMU ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_