









NAME \_\_\_\_\_ STUDENT # \_\_\_\_\_

**Immunization/Communicable Disease Record**

(To be completed by PHYSICIAN)

**Initial 2 Step TB Test- Mandatory ( 2<sup>nd</sup> step to be administered 7-21 days after 1 step)**

Date administered #1- \_\_\_\_\_ + \_\_\_\_\_ mm / - \_\_\_\_\_ Date Read: \_\_\_\_\_ Init: \_\_\_\_\_

Date administered #2- \_\_\_\_\_ + \_\_\_\_\_ mm / - \_\_\_\_\_ Date Read: \_\_\_\_\_ Init: \_\_\_\_\_

\*\* If there is a record of a previous negative TB skin test in the past 12 months, only one more TB skin test needs to be done.

Please provide documentation of the previous TB test .

\* If there is a record of a previous positive TB skin test, a chest x-ray must be done.

If either step is positive ( 10 mm or more), please evaluate the following:

- 1. Chest x-ray results: Date \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_
- 2. History of disease: Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Documentation of BCG vaccination: Date \_\_\_\_\_
- 4. Public Health Unit referral; Yes \_\_\_\_\_ No \_\_\_\_\_ Specialist referral \_\_\_\_\_
- 5. INH prophylaxis: Yes \_\_\_\_\_ No \_\_\_\_\_ Dosage: \_\_\_\_\_ Duration \_\_\_\_\_
- 6. Does this student have signs and symptoms of active TB on physical exam:
  - Fatigue..... YES • NO •
  - Fever..... YES • NO •
  - Night sweats..... YES • NO •
  - Weight loss..... YES • NO •
  - Coughing..... YES • NO •
  - Blood tinged sputum.. YES • NO •
  - Hoarseness ..... YES • NO •
  - Chest pain..... YES • NO •

Signature of Physician \_\_\_\_\_ Date: \_\_\_\_\_