

**OCCUPATIONAL HEALTH AND SAFETY SERVICES**  
**EMPLOYEE TUBERCULIN TESTING**

**PART I - EMPLOYEE TO COMPLETE (PLEASE PRINT)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Manager: \_\_\_\_\_

I agree to release the following Employee Immunization Record to Occupational Health & Safety Services at St. Joseph's Health Centre (SJHC).

Employee Signature: \_\_\_\_\_

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

**PART II - PHYSICIAN AND/OR OCCUPATIONAL HEALTH NURSE TO COMPLETE**

**5TU PPD (MANTOUX) TB TEST GUIDELINES**

1. A 2-step TB test is required
2. If the first TB test is negative, a 2<sup>nd</sup> test must be administered 7 to 28 days after the 1<sup>st</sup> test
3. An annual TB test is required if a documented 2-step is provided. This test must be completed within 4 weeks prior to starting employment at the Health Centre
4. All TB tests must be read 48 to 72 hours after administration
5. All results must be documented in millimetres (mm) of induration

TB Test	Date Administered (D/M/Y)	Date Read (D/M/Y)	Induration
<b>1<sup>st</sup> Step</b>			mm
<b>2<sup>nd</sup> Step</b>			mm
<b>Annual</b>			mm

**CHEST X-RAY GUIDELINES**

1. A positive TB test requires a chest x-ray within the previous 12 months of start date.

X-Ray	Date (D/M/Y)	Result

Completed by:

Physician/OHN: (Please print) \_\_\_\_\_

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

Phone #: \_\_\_\_\_