



Postgraduate Medical Education
Annual 1-Step TB Skin Test Form
Residents, Clinical Fellows, and Elective Learners

Please bring this form with you when you get tested at the Occupational Health Office.

Submit this completed form if your previous TB skin test was negative.

No further testing required if your previous TB test was positive.

All costs associated with obtaining an updated TB test or documentation are the responsibility of the learner.

Please submit this form to the [Registration Document Portal](#).

Last Name: _____ First Name: _____ Trainee No.: _____

TUBERCULIN TEST:

Test Date: _____ Results: ☐ Negative ☐ Positive* Reading (mm): _____
(DD/MM/YYYY) (< 10 mm) (≥10 mm) (Induration)

Last known negative: _____
(DD/MM/YYYY)

BCG Vaccination: ☐ No ☐ Yes Date of BCG: _____
(DD/MM/YYYY)

Previous treatment for TB: ☐ No ☐ Yes

CHEST X-RAY: *required if TB test result is positive (positive TB skin test is ≥ 10 mm)

Chest X-Ray Date: _____ Results: ☐ Normal ☐ Abnormal _____
(DD/MM/YYYY)

Learner Authorization: I certify that the above information is complete and accurate. I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

Signature of Resident/Clinical Fellow: _____ **Date:** _____

Clinic/Health Centre Authorization: I certify that the above information is complete and accurate. I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

(Name, address, and phone number of centre where form was completed)

Signature of Health Care Professional: _____ **Date:** _____
(Health Care Professional signature is mandatory – not yourself)