

Tuberculin Skin Test Consent Form

Name		Date of Birth	
Address			
Phone #			
OHIP #			

Screening Questions

- Have you ever had tuberculosis? No Yes
- Have you ever had a TB skin test that caused a blister on your arm? No Yes
- Have you received any live-virus vaccinations in the last four weeks (MMR, Chickenpox)? No Yes
- Have you ever had a TB skin test that caused a bump greater than 10mm on your arm? No Yes

If you have answered Yes to any of the above, you should not receive a TB skin test. The Nurse Practitioner will discuss alternative options for you.

- Please take the time to read any material provided by the Nurse Practitioner or ask any questions prior to receiving your TB skin test.
- By signing below you agree that you are aware of the potential risks and benefits of receiving a TST.
- By signing below you agree that you are requesting and voluntarily consent to receiving the Tuberculin skin test.
- In the event of a positive result, you agree to the release of your result to the Thunder Bay District Health Unit.
- You also agree that you are aware to follow up in 48 hours for reading your Tuberculin Skin Test or otherwise as directed by the Nurse Practitioner.
- You are aware that OHIP covers the cost of a TB Skin Test for students if provided by an OHIP funded organization. As we are a private clinic and not funded under OHIP we continue to charge for this service

Signature: _____ Date: _____

Nurse Practitioner Documentation

Name		Date of Birth	
Address			
Phone #			
OHIP #			

Notes:

Reason for Testing

Education Employment Not-For Profit / Volunteer Other

Test	
Date	
Time	
Site	Left Forearm Right Forearm
Lot	
Expiry	

Result	
Date	
Time	
Induration	
Result	Positive Borderline Negative
Follow Up	No follow up required Chest X-Ray Referral to TBDHU Repeat TST

Pre-Test:

- Teach: signs & symptoms of reaction
- Teach: management of minor side effects
- Identify serious reactions & management
- Teach: benefits & risks of vaccination
- Client diagnosed with HIV or other immunocompromising conditions

Post-Test

- All nursing documentation completed
- Instructed Client to Follow-Up in 48 Hours
- Next appointment scheduled (prn)
- 15 minutes wait post-test

Other Notes:

Staff Signature: _____
Greg Tinsley, RN(EC) CNO # 06285735

Time: _____ Date: _____
Robert Tinsley, RN(EC) CNO # 9119975