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1 Step TB Skin Test Required by 2nd, 3rd & 4th Year Students

Student Name: _____
(Print)

Student # _____

(Signature)

<u>To Be Completed</u>	<u>By Healthcare Provider</u>
<p>1 Step:</p> <p>Date Administered: _____</p> <p>Date Read: _____</p> <p>Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p style="margin-left: 40px;">Size _____mm</p>	<p>Administered by: _____ (please print)</p> <p>_____ (signature)</p> <p>(provide name of clinic and address or stamp with that information) _____ _____ _____</p>
<p><i>The information on this form is collected under the legal authority of the College and Universities Act, R.S.O. Ch.272, S5: R.R.O. 1980, Reg.840 for the purpose of communicating, evaluating and assisting with medical care during your academic year. If you should have any questions regarding the collection of this information please contact School of Nursing, Lakehead University, 955 Oliver Rd., Thunder Bay, ON P7B 5E1 (807)-766-7145.</i></p>	