

TUBERCULOSIS STATUS DECLARATION FORM FOR LAKEHEAD UNIVERSITY NURSING STUDENTS

Please print in ink using BLOCK capital letters (no pencil please)

LAST NAME:	FIRST NAME(S):
DATE OF BIRTH (yyyy/mm/dd):	STUDENT NUMBER:
REASON FOR DECLARATION:	
<input type="checkbox"/> I have tested positive for TB on a one step or two step TB skin test. _____ (date of test)	

I hereby solemnly declare that:

- I have had a clear chest x ray completed _____ (date of x ray)
- I have been cleared by a health care provider _____ (date of assessment)
- I have provided a copy of the chest x ray results and assessment (attached to this Declaration)
- I have no current signs or symptoms of reactivation of Tuberculosis (i.e., 6 signs/symptoms noted below)

Signs and Symptoms of Reactivation of TB include:

- Unexplained cough for 2 or 3 weeks
- Unexplained fevers
- Night sweats
- Unexplained weight loss
- Copious sputum production
- Hemoptysis (coughing up blood)

If I experience any of these symptoms:

- I will inform the School of Nursing immediately.
- I will seek medical attention promptly.
- I will not continue or resume any clinical shifts without further direction from the School of Nursing.

I understand that providing incorrect or incomplete information may impede the ability to complete one or more nursing clinical placements and is a violation of Lakehead University's *Code of Student Behaviour and Disciplinary Procedures* and may be subject to disciplinary action.

DATED at _____ this _____ day of _____, 20_____.

Signature: _____

Personal information on this form is collected under the authority of section 14 of *The Lakehead University Act* to expedite clinical placements of Nursing students. The information will only be used by and disclosed to individuals who need it to perform their duties in relation to the assignment of nursing placements to Lakehead University students and will be kept otherwise strictly confidential. Questions about this collection may be directed to the Director of the School of Nursing, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1; telephone: (807) 343-8010 Ext. 8079.

PLEASE RETURN COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTS