

1-Step TB Skin Test Form

For BScN Students

This form is for a 1-Step TB Skin Test and must be fully completed by a Health Care Provider. Alternatively, your provider may use their own stationery, but it must include the following: date administered, date read, result, name and signature of the provider, and the full clinic address (Stamp with all info is acceptable).

Student Name: _____ (please print)

To Be Completed by Healthcare Provider

1-Step:

Date Administered:

Date Read:

Result: ☐ Negative ☐ Positive

Size _____ mm

Administered by:

(please print)

(signature)

Read by: (if different than "Administered by")

(please print)

(signature)

Provide name & address of Clinic or stamp with that information:

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 the School of Nursing, Lakehead University, 955 Oliver Rd., Thunder Bay, ON P7B 5E1 (807)-766-7145.