



1-Step TB Skin Test Annual Requirement for Graduate Nursing Students with Clinical Placement

This form should be used for 1 step TB Skin tests and is to be fully completed by the Health Care Provider ONLY. Your Health Care Provider can use their own stationary but it must show: Date administered;, Date read;, and Result;, along with Administered by: (name printed with signature), and name of clinic with full address (stamp with all info accepted).

Student Name (please print): _____

<i>To Be Completed By Healthcare Provider</i>	
<p>1-Step:</p> <p>Date Administered:</p> <p>_____</p> <p>Date Read:</p> <p>_____</p> <p>Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p style="text-align: center;">Size mm</p>	<p>Administered by:</p> <p>_____</p> <p>(please print)</p> <p>_____</p> <p>(signature)</p> <p>Read by: (if different than "Administered by")</p> <p>_____</p> <p>(please print)</p> <p>_____</p> <p>(signature)</p> <p><i>Provide name & address of clinic or stamp with that information</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><small>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.</small></p>	