



2-Step TB Skin Test

(only required once, 1-step annually after that)

Your 2 Step TB Skin test should be recorded on this form. Form is to be fully completed by the Healthcare Provider Only. When clinic uses their own stationary they must provide the same information: Dated Administered:, Date Read:, Result: (for both tests), along with Administered by: (name printed plus signature) and name of clinic with full address (stamp with information allowed). Skin Tests provided on immunization records not accepted. A 2 Step TB Skin test requires 4 visits to the healthcare provider to have the test completed.

Student Name (please print): _____

<i>To Be Completed by Healthcare Provider</i>	
<p>1st Step</p> <p>Date Administered: _____</p> <p>Date Read: _____</p> <p>Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p style="text-align: center;">Size _____ mm</p>	<p>Administered by: _____ (please print) (Signature)</p> <p>Read by (if different than administered by): _____ (please print) (Signature)</p> <p><i>Provide name & address of Clinic or stamp with that information:</i> _____ _____ _____</p>
<p>2nd Step</p> <p>Date Administered: _____</p> <p>Date Read: _____</p> <p>Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p style="text-align: center;">Size _____ mm</p>	<p>Administered by: _____ (please print) (Signature)</p> <p>Read by (if different than administered by): _____ (please print) (Signature)</p> <p><i>Provide name & address of Clinic or stamp with that information (if different than above):</i> _____ _____ _____</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>	