

## TUBERCULOSIS SURVEILLANCE PROTOCOL FOR NEW VOLUNTEERS

**Name** (First/Last Name):

### TUBERCULOSIS SKIN TEST

In order to comply with the Tuberculosis Surveillance Protocol for Ontario Hospitals, (developed by OHA/OMA) volunteers are required to have a 2 step Mantoux test if she/he has:

1. Not had a positive TB skin test result
2. Not had a TB skin test within the past twelve(12) months
3. Unknown TB status
4. Had a BCG vaccine and remain tuberculosis negative

### PHYSICIAN TO COMPLETE:

#### STEP 1:

Date given: \_\_\_\_\_ Wait 48-72 hrs and return to physician to have the test read  
dd/mm/yy

Date given: \_\_\_\_\_  
dd/mm/yy

**Result: POSITIVE:**  \_\_\_\_\_ mm induration

**NEGATIVE:**  \_\_\_\_\_ mm induration

NOTE: The second test is given in the opposite arm at least two (2) weeks and no more then three(3) weeks after the first test

#### STEP 2:

Date given: \_\_\_\_\_  
dd/mm/yy

Date given: \_\_\_\_\_  
dd/mm/yy

**Result: POSITIVE:**  \_\_\_\_\_ mm induration

**NEGATIVE:**  \_\_\_\_\_ mm induration

### CHEST X-RAY:

Follow-up is required for those volunteers who are known TB positive or whose skin test is positive when tested as above.

Chest x-rays should be taken on those persons who have:

1. Never been evaluated for a positive Mantoux skin test for tuberculosis
2. had a previous diagnosis of tuberculosis, but have never received adequate treatment for tuberculosis or
3. Pulmonary symptoms that may be due to tuberculosis

\_\_\_\_\_  
Chest X-Ray report results

\_\_\_\_\_  
dd/mm/yy

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
dd/mm/yy

Consent/ Release: I authorize the release of the above information to the Occupational Health and Safety Dept..

Please provide documentation that indicates the level of immunity to the following diseases: Measles, Mumps, Rubella, Chicken Pox.

I am the parent/guardian of the volunteer who is under 16. I authorize Kristus Dārzs to perform the volunteer's TB test and I agree to the release of the above information to Kristus Dārzs Health and Safety Department.

\_\_\_\_\_  
Signature of parent/ guardian if applicable

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
dd/mm/yy