



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Postgraduate Medical Education - TB SKIN TEST FORM

Submission of this form is MANDATORY if the results of last year's TB skin test were negative

Please return to PGME Office, 500 University Avenue, 6th Floor (Rm. 602), Toronto, ON M5G 1V7
Phone (416) 978-6976, Fax (416) 978-7144

Last Name: First Name: Student No.

Academic Session: Program Training Level

Clin Fellow, PGY

TUBERCULIN TEST

Date of Test : Reading (mm):
(Must be within last 12 months, if previously negative) (Induration)

Results: Negative Positive
(< 10 mm induration) (>= 10 mm induration)

Last known negative: BCG Vaccination: No Yes Date:
(dd/mm/yyyy) (dd/mm/yyyy)

Previous treatment for TB: No Yes

CHEST X-RAY: required, if TB test is positive or previously positive (positive TB skin test is >= 10 mm induration)

Chest X-Ray Date: Result:
(dd/mm/yyyy) (Normal or Abnormal)

Trainee Authorization: I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

Signature of Resident/Fellow: Date:

Clinic/Health Centre Authorization: I certify that the above information is complete and accurate.

(Name, address and phone number of centre where form completed)

Signature of health care professional: Date:
(trainee cannot sign own form)