



# TUBERCULOSIS SURVEILLANCE PROTOCOL FOR VOLUNTEERS

Testing: Wednesdays / Reading: Fridays between 1:30 – 3:45 pm

Name (First/Last):

### 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 he/she has:

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

**Call Volunteer Office for TB Test Appointments: 416 785 2500 ext. 2572**

*Readings occur 48 hours after testing*

STEP 1: Testing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reading Date: \_\_\_\_\_ Time: \_\_\_\_\_

STEP 2: Testing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reading Date: \_\_\_\_\_ Time: \_\_\_\_\_

**NOTE:** The second test is given two weeks after the first

### STEP 1

Left arm  Right arm

Tubersol Lot # \_\_\_\_\_ Exp. \_\_\_\_\_ MD/RN signature \_\_\_\_\_

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_

Result:  POSITIVE: mm induration \_\_\_\_\_  NEGATIVE: mm induration \_\_\_\_\_

### STEP 2

Left arm  Right arm

Tubersol Lot # \_\_\_\_\_ Exp. \_\_\_\_\_ MD/RN signature \_\_\_\_\_

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_

Result:  POSITIVE: mm induration \_\_\_\_\_  NEGATIVE: mm induration \_\_\_\_\_

**CHEST X-RAY:** Chest x-ray is required for those volunteers who are known TB positive or whose skin test is positive when tested as above.

Chest x-ray report results :

Date:

\_\_\_\_\_  
Physician Stamp

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Consent/Release:** I authorize Baycrest Occupational Health & Safety Department to perform a two-step TB skin test and I agree to release the above information to Baycrest Volunteer Services.

The personal information requested on this form is necessary for the proper administration of a lawfully authorized activity and as applicable, is collected in accordance with subsection 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F31. The information provided will be used for administration of the Volunteer Department including communicating with the volunteer and assessing suitability for a volunteer position at Baycrest and the Baycrest Foundation. Please note that any questions pertaining to the collection of personal information should be directed to the Director of Volunteer Services at 416 785 2500 ext. 2577.

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

\_\_\_\_\_  
Signature of Parent/Guardian *(if volunteer under the age of 16)*