

INFECTIOUS DISEASE - SCREENING FOR TUBERCULOSIS FORM

STUDENT DECLARATION:

Student Name: _____ Date of birth: _____

Student ID: _____

I agree to be screened for tuberculosis by tuberculin skin testing (Mantoux test) and, should the test be positive, agree to return to the health care provider or TB clinic for follow-up for advice regarding appropriate assessment and management.

Signature: _____

Address: _____

HEALTH CARE PROVIDER:

The student has been screened for tuberculosis by tuberculin skin testing and, if tested positive, has received advice regarding appropriate assessment and further management.

Name: _____

Signature: _____

Address: _____
or stamp

Date _____

Screening and immunisation records of students remain confidential and are not released without written consent of the student is obtained.

Please return the signed form to the designated person within your School 4 weeks prior to the commencement of your first placement.

