

Identification



Loyola Campus
7141 Sherbrooke St. W.
AD 131
514-848-2424 ext. 3575

SGW Campus
1550 de Maisonneuve W.
GM-200
514-848-2424 ext. 3565



TUBERCULOSIS SKIN TEST QUESTIONNAIRE

	YES	NO
Have you been diagnosed or treated for Tuberculosis (TB) in the past?		
Have you ever had the TB vaccine (BCG) ?		
<u>Have you had a previous positive TST or TB test?</u>		
Have you been vaccinated with a live vaccine in the past 4 weeks (e.g. Measles, Mumps, Rubella, Yellow fever, Chickenpox)?		
Have you ever had a serious local reaction to the TST such as ulceration or necrosis at the injection site?		
Are you presently diagnosed with any of the following ? (If yes, circle the one that applies) Chickenpox , Measles, Influenza, Lymphoma, Leukemia, Malnutrition, Sarcoidosis, TB, HIV, Immunosuppression.		
Are you allergic to Polysorbate 80 (Tween 80) or phenol ?		

CONSENT FORM

The above named patient has read or has had explained to them the information on the TST from Quebec Health and Social Services . They have had a chance to ask questions which were answered to their satisfaction. They understand the benefits and risks of the TST and request that it be administered to them.

NAME OF HEALTH CARE PROFESSIONAL WHO RECEIVED VERBAL CONSENT

SIGNATURE (HEALTH CARE PROFESSIONAL)

____ / ____ / ____
YEAR MONTH DAY