

## Annual Tuberculosis Self-Verification Form

If you are not yet due for your annual TB 1-step, this form must be completed and submitted to Synergy Gateway. Complete the appropriate section below and follow the instructions. Add your information and signature to verify your TB status. NOTE: Some placement sites may require a more recent tuberculin skin test (TST)(i.e. within the last 6 months); check placement site requirements well in advance of your start date.

### A. History of negative tuberculin skin test (TST) and negative history of TB infection or disease

Since your last negative test, indicate if you have you:

- Spent any time in a country other than Canada working or volunteering in a hospital, long-term care facility, prison, homeless shelter or refugee camp?  
☐ No ☐ Yes – Country/dates:
- Spent 3 months or more in a country other than Canada?  
☐ No ☐ Yes – Country/dates:
- Have you been notified that you had significant exposure to an individual with active TB disease?  
☐ No ☐ Yes

If you answer 'Yes' to any above, you are advised to monitor symptoms of TB infection and contact your health care provider if any symptoms develop. You may want to consider having a one-step TST.

### B. History of positive TST or positive history of TB infection of disease

- Do you have a positive TST that has not been reported to Seneca Polytechnic?  
☐ No  
☐ Yes – You must withdraw from clinical/field placement/practicum experiences and see a physician to arrange for an x-ray and provide the results to your coordinator.
- Do you currently have any symptoms of active TB disease? Symptoms include persistent cough or fever lasting three or more weeks, hemoptysis (coughing up blood), night sweats, unexplained or involuntary weight loss?  
☐ No  
☐ Yes – You must withdraw from clinical/field placement/practicum experiences and seek prompt medical attention. Your clinical/field placement coordinator or technician will require a letter from a physician prior to returning to clinical/field placement/practicum activities.

### Student Declaration

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Seneca ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_