Yee Hong Centre For Geriatric Care
頤康中心

Volunteer & Advocacy Services
TUBERCULOSIS SURVEILLANCE PROTOCOL FOR NEW VOLUNTEERS

To comply with the Tuberculosis Surveillance Protocol for Ontario Long Term Care Facility, volunteers who are working in our nursing home are required to be screened for Tuberculosis. Please take this form to your doctor for testing and completion and return it to the Volunteer & Advocacy Services team before the placement is assigned.

Skin test result of 10 mm or more of induration is considered positive. Any person whose first step is positive should not have the second step performed. If the result of the first step is 0-9 mm, a second test is required in the opposite arm at least one week and no more than three weeks after the first.

Name of volunteer: _____ *Orientation Date:* _____ Vol. ID _____

Tel: _____

1. ***Past history of TB:*** ☐ Yes ☐ No

   If yes, *Time of infection:* _____

   Treatment received: _____

   Date and result of last CXR: _____

2. ***Past history of TB skin test:*** ☐ Yes ☐ No

   If yes, *Date of test I:* _____ *Result:* _____

   Date of test II: _____ *Result:* _____

3. ***Two-step TB skin test:*** *(If indicated)*

   Step I: *Date given:* _____ *Date read:* _____ *Result:* _____ *mm induration*

   Step II: *Date given:* _____ *Date read:* _____ *Result:* _____ *mm induration*

4. ***Chest X-ray:*** *(If indicated)*

   Date: _____ *Result:* _____

5. ***Recommendations / Comments:***

_____

_____

_____ _____

Physician's Signature Date

Physician's address or stamp:

_____

Physician's Name

Dec 2017