

## Immunization and TB Skin Test Form

Name: \_\_\_\_\_ Training Program: \_\_\_\_\_

### ATTENTION CONTINUING TRAINEES:

It is your personal responsibility to keep your IMMUNIZATION and MASK FIT TESTING records up to date.  
The PGME Office does NOT track this information, and it is NOT part of the Re-registration process.

PLEASE ALERT THE PGME OFFICE IF YOU HAVE INFORMATION THAT NEEDS TO BE UPDATED IMMEDIATELY.

### CRITERIA THAT MUST BE MET BEFORE STARTING TRAINING

#### TETANUS (Both MUST apply)

Completed primary series as a child or adult:  Yes

#### AND

Have received a booster within the past 10 years, on \_\_\_\_\_(date)①

#### DIPHTHERIA (Both MUST apply)

Completed primary series as a child or adult:  Yes

#### AND

Have received a booster within the past 10 years, on \_\_\_\_\_(date)①

#### HEPATITIS B (Both MUST apply)

Received three doses of vaccine on \_\_\_\_\_(date), \_\_\_\_\_(date), \_\_\_\_\_(date)

#### AND

After immunization, blood tested for anti-HBs on: \_\_\_\_\_

Result was: Positive  Negative  (result doesn't have to be positive)

Note: Known carriers of HBsAg do not need vaccine but should check here:

*(this information will be kept strictly confidential)*

#### MEASLES (Either)

Received two doses of vaccine on \_\_\_\_\_(date), and \_\_\_\_\_(date)①

#### OR

Blood test for antibody was **positive** on \_\_\_\_\_(date)②

#### RUBELLA (Either)

Received one dose of vaccine on \_\_\_\_\_(date)①

#### OR

Blood test for antibody was **positive** on \_\_\_\_\_(date)②

#### CHICKENPOX (Either)

Had chickenpox at the age of: \_\_\_\_\_ (approximate age must be known)

#### OR

Blood test for antibody was **positive** on \_\_\_\_\_(date)②

#### OR

Received **two** doses of vaccine on \_\_\_\_\_(date), and \_\_\_\_\_(date)③

① This vaccine is readily available from your own doctor; all necessary doses should be administered and recorded on this form before starting training.

② It is your responsibility to arrange for any necessary blood tests through your doctor and then record the results on this form before starting training. If the test is negative, then you must receive the appropriate doses of vaccine.

③ If you are not immune to chickenpox, there is a vaccine that will be provided to you by the hospital, if necessary, when you begin training.

**Complete reverse of this sheet...**

## TB SKIN TESTING

This really is not complicated, but some people get confused. To keep it simple, we have provided you with three options, any of which are acceptable. You must satisfy one of the options before you start your training program.

Choose which one of the following options that applies to you, complete the tasks as outlined, and then check the box opposite that option to show that you have complied with the requirements.

### OPTION #1

You are already known to be TB skin test positive

A TB skin test was done **within** the past 5 years and it showed 10 mm or more induration:

Date of Test \_\_\_\_\_ (date) Number of mm induration \_\_\_\_\_

**OR**

A TB test was done **more** than 5 years ago, it must be repeated now:

Date of Test \_\_\_\_\_ (date) Number of mm induration \_\_\_\_\_

In either event, you must have a CXR done within the past 6 months and fax the written **report** to 905-525-2707 or  CXR Report Attached

### OPTION #2

If previously your TB skin test was negative, the test must have been repeated within the past 6 months.

A TB skin test was done anytime within the past 5 years and was read as 0 to 9 mm induration; (we'll call that Test 1) and another must have been done within the past 6 months (we'll call that Test 2).

Date Test 1: \_\_\_\_\_ (must be within the past 5 years) Result: \_\_\_\_\_ mm induration

Date Test 2: \_\_\_\_\_ (must be within the past 6 months) Result: \_\_\_\_\_ mm induration

If Test 2 shows 10 mm or more induration, you must have a CXR done after the test and fax the written **report** to 905-527-2707 or  CXR Report Attached

### OPTION #3

You have never had TB skin tests in the past or cannot remember the dates or results of previous tests.

Date Test 1: \_\_\_\_\_ (must be within the past 6 months) Result: \_\_\_\_\_ mm induration

If the induration is 0mm to 9mm, you need a second test before starting

If the induration is 10 mm or more, you must have a CXR done after the test and fax the written **report** to 905-527-2707 or  CXR Report Attached.

You do not need a second test.

Date Test 2: \_\_\_\_\_ (must be within past 6 months) Result: \_\_\_\_\_ mm induration

A second test is not needed if Test 1 is 10 mm or more.