

Canadore Returning Student Health Form Instructions

- 1. Book an appointment with your healthcare provider to obtain a 1-step TB Test.**
If you do not have access to a healthcare provider, you can receive service on campus through Canadian Shield Health Care Services by booking an appointment.
To book, go to <https://cshcs.inputhealth.com/ebooking#new> or call the clinic at 705-923-2770.
- 2. Present the Canadore Returning Student Health Form to your healthcare provider at your first appointment.**
Ask your healthcare provider to review the requirements with you. Complete the requirements as directed by your healthcare provider. Once all the requirements have been met, ensure your healthcare provider documents your compliance and signs the Health Form.
- 3. Submit your completed Health Form along with your other Non-Academic Requirements per instructions from your Placement Coordinator.**
For more information, see your program Non-Academic Requirements Package or visit the Placement website: <https://www.canadorecollege.ca/programs/Placement/>

****Remove this page when submitting your Health Form.***

Student Name: _____ Date of Birth: _____ Student Number: _____

Health Care Provider Signature & Identification	
	Professional Identification Stamp:
Printed Name:	-
Signature:	
Initials:	
Designation: <input type="checkbox"/> MD <input type="checkbox"/> RN (EC) <input type="checkbox"/> RN/RPN <input type="checkbox"/> PA	
Phone Number:	

Tuberculosis TB Surveillance:

TB skin tests are valid for 1 year. Each TB skin test is to be read 48 – 72 hours after planting.

SECTION A

TUBERCULOSIS SCREENING	Date Administered	Date Read (48-72 hours from testing)	Results (Induration in mm)	HCP INITIALS
Annual 1-Step TB Skin Test	YYYY/MM/DD	YYYY/MM/DD	mm	

Positive TB Skin Test Follow-Up:

Chest X-Ray is required (i.e., Section B) if TB skin test was positive. If a chest X-Ray was previously conducted because of a prior positive TB skin test, HCP to perform an annual assessment and document in Section C. While a chest X-Ray does not need to be repeated, HCP may elect to order a new chest X-Ray, in which case only Section B shall be completed.

SECTION B (Chest X-Ray)

Chest X-Ray Date:	Chest X Ray Result	HCP Assessment	HCP INITIALS
YYYY/MM/DD	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> No signs and symptoms of active TB <input type="checkbox"/> Further assessment needed	

-OR-

SECTION C (Annual Assessment)

HCP Annual Assessment Date:	HCP Assessment	HCP INITIALS
YYYY/MM/DD	<input type="checkbox"/> Previous chest X-Ray conducted <input type="checkbox"/> No current signs and symptoms of active TB <input type="checkbox"/> Further assessment needed	