North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

North Bay Parry Sound District Health Unit
Vaccine Preventable Diseases Program
Request for Tuberculosis Skin Testing

Name of Client _____

Date of Birth _____

Type of Test Required
- ☐ 1 step
- ☐ 2 step

Please provide the medical reason for the request for Tuberculosis Skin Testing:

_____

_____

_____

_____

_____

Health Care Provider ordering TST (please print): _____

Signature _____

Date _____

Please provide the fax number you would like the results sent to: _____

For Health Unit Use only:					
Date Test Read	Result	Site	Induration	Comments	Initials
	☐ Negative ☐ Positive	☐ Right forearm ☐ Left forearm	mm		
	☐ Negative ☐ Positive	☐ Right forearm ☐ Left forearm	mm		
Additional Comments:					

Request forms may be sent with the client or faxed to the Health Unit at 705-474-9399