

TUBERCULOSIS TEST for Trent B.Ed. Program Enrollment

In order for a Teacher Candidate to complete practicum placements, a TB test declaring the individual free from active tuberculosis is required. Failure to provide these results may impact the ability to participate in the required practicum for the B.Ed.

- Teacher Candidates are responsible for any fee associated with this test. Peterborough Public Health does NOT provide this test so please do not contact them.
- **During the first week of April 2025 contact your health practitioner** (Family Physician, Nurse Practitioner, local Walk-In Clinic) **to arrange a ONE-STEP TB test appointment.**
- **By June 13, 2025 scan one copy of the completed attached form to practicum@trentu.ca**
Ensure that you retain the original for your own records and safekeeping. Please scan the appropriate size to ensure that it is clear enough to read. If you are taking a photo to scan, check *before* you send to ensure it is both the appropriate size and not blurry.
- The attached form can be used, or we will also accept a letter with the TB test result, as long as your name appears clearly on their paperwork, and it is on letterhead or stamped with the medical practitioner's name, address, and telephone number.
- The test record must be dated and include the Teacher Candidate's name, indicating that the individual is free from active tuberculosis and signed by a Doctor or Nurse residing in Canada. If the test is completed outside of Canada it must be processed through a Canadian government recognized agency.
- For the TB skin test, a one-step test is acceptable. A two-step test is not required, although it will be accepted.
- Immunization Cards are not accepted and will be returned.
- If you have recently had a TB test it can still be used if it is not dated earlier than **June 2024**, as a TB test is valid for 2 years.

TUBERCULOSIS TEST RECORD FORM

Please note: a ONE-STEP test is sufficient

Details need to be filled in by a medical professional.

PLEASE PRINT CLEARLY

Patient's First/Last Name: _____

Patient's Birth Date: _____
(Day/Month/Year)

Date TB skin test administered: _____ Date TB skin test read: _____
(Day/Month/Year) (Day/Month/Year)

Name, address and telephone number of doctor/clinic/testing agency:

Interpretation of one-step test results (please check box):

☐ I confirm that there is no evidence of active tuberculosis.

A positive TB skin test result requires a chest x-ray report:

Date chest x-ray completed: _____
(Day/Month/Year)

Chest x-ray results: _____

If the TB test is performed outside Canada, and you require a chest x-ray, it must be performed by a designated medical practitioner and translated into English.

☐ I hereby certify that all statements on this form are correct and complete.

Name and Title of Health Care Professional (please print or stamp):

Signature of Health Care Professional

(Day/Month/Year)