



# Occupational Safety & Health Employee Tuberculin Skin Test (TST) Referral Form

Nurse Practitioner (Name): \_\_\_\_\_

Referral Date (YYYY/MM/DD): \_\_\_\_\_

Employee Name: _____ PHIN: _____ Employee ID: _____	
Home Phone: _____ Cell Phone: _____	
Address: _____ _____	
Facility of Hire: _____ Position: _____	
This employee requires:	
<input type="checkbox"/> 1-Step Tuberculin Skin Test	<input type="checkbox"/> 2-Step Tuberculin Skin Test
Occupational Health Nurse	
Print Name: _____ Signature: _____ Date: _____	

### Nurse Practitioner or Designate Procedure:

1. Review the SH-SS Occupational Safety & Health Standard Orders (CLI.8011.PL.008.SD.02) for Tuberculin Skin Test (TST) administration orders.
2. Review the Administration of Tuberculin Skin Test (TST) Policy (CLI.8011.PL.003).
3. Administer TST(s) using the SH-SS Occupational Health Immunization Intake Form (CLI.8011.PL.008.FORM.02).
4. **Return** completed SH-SS Occupational Health Immunization Intake Form to the Occupational Health Nurse by one of the methods below:
  - Fax: 1-204-428-2788
  - E-mail: [StaffImmunization@southernhealth.ca](mailto:StaffImmunization@southernhealth.ca)
  - Regional Courier - Attn: Occupational Health Nurse, Southport Regional Office