



**TB Prevention and Control SK**  
 Saskatoon Main Office  
 Royal University Hospital  
 103 Hospital Drive  
 Saskatoon, SK S7N 0W8  
 Phone: 306-655-1740  
 Toll Free: 1-866-780-6482

**Central TB Program**  
 STC Health & Family  
 Services, Inc.  
 200-335 Packham Ave.  
 Saskatoon, SK  
 S7N 4S1  
 Fax: 306.956.0307

**South TB Program**  
 c/o South Service Centre TB RN  
 FNIHB  
 Box 220  
 Fort Qu'Appelle, SK  
 S0G 1S0  
 Fax: 306.332.4352

**NITHA  
 TB Program**  
 Box 787  
 Prince Albert, SK  
 S6V 5S4  
 Fax: 306.953.5030

**Population Health Unit –  
 Northern Saskatchewan**  
 Box 6000  
 La Ronge, SK  
 S0J 1L0  
 Fax: 306.425.8530

Community: \_\_\_\_\_  
 Target Group: Age \_\_\_\_\_ Screen done:  On reserve  Off reserve  
 Screening year (yyyy-mm-dd) \_\_\_\_\_ to \_\_\_\_\_  
 RN (print): \_\_\_\_\_ Phone: \_\_\_\_\_

**TUBERCULIN SCREENING FORM  
 for Targeted Pediatric Screening**

Page \_\_\_\_ of \_\_\_\_

Please print or type

1. Complete all fields in columns shaded white. Grey columns optional.
2. Immediately refer children with a positive TST to TB Prevention & Control SK (TBPC SK) by completing a Tuberculin Skin Test Screening Record and faxing to the area TBPC SK nurse clinician.
3. Mail original Tuberculin Screening Form to TB Prevention & Control SK once screening round is complete. All records must be submitted within one month of the end of the screening year.
4. Fax a copy of the form to the First Nations TB RN if screening completed on-reserve. Fax a copy to the Population Health Unit if screening completed off-reserve.
5. Retain a copy of the screening form for local health centre as required.

Consent	Previous TST Date YYYY-MM-DD	Previous Result (mm)	BCG Yes No	TST Date YYYY-MM-DD	Result (mm)	Last Name	First Name	Other Name	Gender M /F	Date of Birth YYYY-MM-DD	PHN and/or Treaty number	Comments

**MAIL Original:** TB Prevention & Control SK, date sent: \_\_\_\_\_ **Copy:** First Nations TB RN if screening on-reserve **Copy:** Population Health Unit if screening off-reserve **Copy:** Health Centre

The personal health information collected on this form is collected for the purpose of carrying out a TB screening program and providing health services and public health surveillance. Information is collected, used and disclosed under the authority of the Public Health Act of Saskatchewan. Questions regarding the collection, use and disclosure of this information may be directed to TB Prevention and Control Saskatchewan.