



First Nations School-Based TB Screening Report FOR FIRST NATIONS HEALTH SERVICE ORGANIZATION USE ONLY

Upon completion enter into Panorama System or FAX to FNHA TB Services for Panorama entry: FNHA FAX 604-689-3302 *see reverse for instructions & coding

Health Centre/Org/Community:					School Name:								
SAMPLE	Child Name <i>Beauty Reigns Supreme</i>		PHN# 1000 000 010		FN Self ID FN / M / I / Non-FN		TST Given: DATE/TIME dd/mm/yr 01/01/16 13:30	HCW Initials WW	TST Read: DATE/TIME dd/mm/yr 01/03/16 10:30	HCW Initials WW	Result mm 0 mm	Tubersol Lot# Expiry 07335AA OCT 2018	TB Screening Form Done Yes/No
	DOB dd/mm/yr 02/04/14	Sex M/F/T	Consent Yes/No	Reside On/Off Reserve	Status FN Yes/No								
1.	Child Name		PHN#		FN Self ID FN / M / I / Non-FN		TST Given: DATE/TIME dd/mm/yr	HCW Initials	TST Read: DATE/TIME dd/mm/yr	HCW Initials	Result mm	Tubersol Lot# Expiry	TB Screening Form Done Yes/No
	DOB	Sex M/F/T	Consent Yes/No	Reside On/Off Reserve	Status FN Yes/No								
2.	Child Name		PHN#		FN Self ID FN / M / I / Non-FN		TST Given: DATE/TIME dd/mm/yr	HCW Initials	TST Read: DATE/TIME dd/mm/yr	HCW Initials	Result mm	Tubersol Lot# Expiry	TB Screening Form Done Yes/No
	DOB	Sex M/F/T	Consent Yes/No	Reside On/Off Reserve	Status FN Yes/No								
3.	Child Name		PHN#		FN Self ID FN / M / I / Non-FN		TST Given: DATE/TIME dd/mm/yr	HCW Initials	TST Read: DATE/TIME dd/mm/yr	HCW Initials	Result mm	Tubersol Lot# Expiry	TB Screening Form Done Yes/No
	DOB	Sex M/F/T	Consent Yes/No	Reside On/Off Reserve	Status FN Yes/No								
4.	Child Name		PHN#		FN Self ID FN / M / I / Non-FN		TST Given: DATE/TIME dd/mm/yr	HCW Initials	TST Read: DATE/TIME dd/mm/yr	HCW Initials	Result mm	Tubersol Lot# Expiry	TB Screening Form Done Yes/No
	DOB	Sex M/F/T	Consent Yes/No	Reside On/Off Reserve	Status FN Yes/No								
5.	Child Name		PHN#		FN Self ID FN / M / I / Non-FN		TST Given: DATE/TIME dd/mm/yr	HCW Initials	TST Read: DATE/TIME dd/mm/yr	HCW Initials	Result mm	Tubersol Lot# Expiry	TB Screening Form Done Yes/No
	DOB	Sex M/F/T	Consent Yes/No	Reside On/Off Reserve	Status FN Yes/No								
6.	Child Name		PHN#		FN Self ID FN / M / I / Non-FN		TST Given: DATE/TIME dd/mm/yr	HCW Initials	TST Read: DATE/TIME dd/mm/yr	HCW Initials	Result mm	Tubersol Lot# Expiry	TB Screening Form Done Yes/No
	DOB	Sex M/F/T	Consent Yes/No	Reside On/Off Reserve	Status FN Yes/No								

Health Care Workers Entering Information on this Form Please Complete Below:

NAME: _____ INITIALS: _____ CREDENTIALS/TITLE: _____



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Codes & Instructions for Fields *PLEASE PRINT Thank You!

Do not use this form for adults, employees, including school employees, persons being screened for medical/treatment purposes, or with TB signs/symptoms, hx of BCG, known TB exposure, previous + TST, TB or LTBI, other known TB risk factors - use only the BCCDC TB Screening Form (previously titled the 939 form)

Field	Instructions	Codes
Health Centre/Org/Community	Name of Health Centre Providing Service Responsible Organization - Band/Collective/Organization Community of Residence for Client Receiving TST	None
School	Name of FN on reserve School	None
Child Name/DOB/Gender	Full Legal Name & DOB Important Circle M ale or F emale or T wo Spirit	None
PHN#/Consent/Reside On/Off Reserve	Enter PHN# Circle Yes/No for Parental Consent Complete Circle ON/OFF indicating if child resides on reserve or off	None
First Nations Status	FN Identity - Parent Identify as per parental info Circle all that apply Status FN - Circle Yes/No as per parental info	(FN) First Nations (I) Inuit (M) Metis (N) Non-FN/Inuit/Metis
TST Given DATE/TIME	dd/mm/yr Time (24-hour) 00:00-24:00	None
HCW Initials	Enter Initials of person conducting TST associated with Provider Name/Credential/Title at bottom of form	None
TST Read	dd/mm/yr Time (24-hour) 00:00-24:00	None
HCW Initials	Enter initials of person conducting TST read associated with provider Name/Credential/Title at bottom of form	None
Result mm	read in mm or null	None
Tubersol lot#		None
TB Screening Form Done	Indicate if Screening Form was completed - this due to positive or symptomatic etc. Circle Yes/No	None