Dear TRU Nursing Student:

Clients, health care workers and students are protected from potentially debilitating complications of communicable or infectious diseases by immunizations. All health care workers, including students, should be protected against vaccine preventable diseases. **Students who do not have a negative TB Test and are not immunized will not be allowed in the practice setting if there is an outbreak, thus impeding their success in the program. Moreover, practice facilities may not accept unvaccinated students on a unit.**

***It is recommended that you start immediately, as the TB Skin Test process may take up to 6 weeks to complete.***

1. Book a TB skin test
2. This test is not provided free
3. Make an appointment with a Travel Medicine and Vaccination Centre (TMVC) or a private provider
4. For Kamloops TMVC, phone 1-888-288-8682 or email <http://www.tmvc.com/>
5. For Williams Lake TMVC, phone 1-877-404-7175
6. TB skin tests require 2 visits, 48 hours apart
7. A chest X-ray ***may be required*** and can take 2-4 weeks for results
8. Have the Travel Medicine and Vaccination Center or health care provider complete the TB skin test form
9. Submit a jpeg, pdf or word copy of your signed Student TB Form to Moodle:

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| **Kamloops Campus – BScN** | Moodle |
| **Open Learning** | Moodle |
| **Kamloops Campus- HCA** | Moodle |
| **Williams Lake Campus – HCA, PN, BScN** | Moodle |
| **MN-NP** | Moodle |

1. If you have any questions, please contact:

Williams Lake campus students: [wlnursing@tru.ca](mailto:wlnursing@tru.ca)

**NOTE: If you are in the process of completing the TB Skin Test, indicate your appointment date, and provide an updated form afterwards. Updating the School of Nursing is the student’s responsibility.**

1. **\*\*IMPORTANT - Keep a copy of your Records\*\***

**In Person/Mail:**

Thompson Rivers University

School of Nursing, Office NPH 242

805 TRU Way

Kamloops, BC V2C 0C8

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| **Last Name** | **First Name** | **Maiden Name (If applicable)** | **Date of Birth (dd/mm/yyyy)** | **myTRU E-mail Address** |
| **Personal Health Number** | **TRU ID #** | **Program** | **Date of Entry** | **Phone Number** |
| **TB Skin Test** | | | | |
| **Test** | | **Date** | **(dd/mm/yyyy)** | **Health Care Provider Signature** |
| **Read** | | **Date** | **(dd/mm/yyyy)** |  |
| **Test Result** | | **Results** | **Positive / Negative** |  |
| **Chest X-ray Result (if applicable)** | | **Results** | **Results** |  |
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