

Request for Record of Tuberculin Skin Test

To process your request, we require the following information **for the record being requested:**

Last name Previous last name:		First name	Date of birth yyyy/mm/dd
Complete mailing address: (include number, street, city, postal code) Please be aware that the security of mailed contents cannot be guaranteed.			
Phone # <input type="checkbox"/> May leave a message	Fax # <input type="checkbox"/> May send record by fax	Email address <input type="checkbox"/> Informed of risks to privacy and security of personal health information and consents to use of unencrypted email	
Pick up at Hastings Prince Edward Public Health (will be mailed if not picked up after 14 days) <input type="checkbox"/> Belleville <input type="checkbox"/> Picton <input type="checkbox"/> Trenton <input type="checkbox"/> Bancroft			
Signature (required only if submitting form in person) <input type="checkbox"/> Client: _____ OR <input type="checkbox"/> Parent / legal guardian of child under the age of 16: _____ OR <input type="checkbox"/> Client 16 yrs of age or older has contacted HPEPH directly to identify representative and give them permission to fill out Request for Record of TST / pick up Record of TST: Representative _____ Name Signature			
Identity of signee confirmed by PA _____ (initials)			

- Record will be ready within 3 to 5 business days.
- \$10.00 fee due upon receipt of TB Test Letter printed from electronic record.
- \$20.00 fee due upon receipt of TB Test Record transcribed and signed by nurse.
- Fee due at time of request if not returning to pick up in person.
- If requested by fax or email, record will be sent once payment has been received.

FOR INTERNAL USE ONLY	
Date request received: yyyy/mm/dd	Request received: <input type="checkbox"/> walk-in <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> other
Date picked up / sent: yyyy/mm/dd	<input type="checkbox"/> Picked up Sent via: <input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> other
<input type="checkbox"/> Payment rec'd / Receipt issued <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$20.00	Signature of PA

We are committed to providing accessible publications, programs and services to all.
For assistance, please call 613-966-5500; TTY: 711, or email accessibility@hpeph.ca .
For more information, visit hpePublicHealth.ca