

BCG Scar Sighting

To be completed by Occupational Health Nurse or Registered GP **only**

Candidate Name:	Date of Birth:	
Please tick yes or no to the following questions:		
Question:	Yes	No
Do you suffer with any chest problems, e.g. recurrent cough, breathlessness?		
Have you had Tuberculosis or contact with Tuberculosis?		
Do you have a family history of Tuberculosis?		
In the last 12 months have you had a cough last for more than 3 weeks?		
In the last 12 months have you coughed up blood?		
In the last 12 months have you had any unexplained weight loss, fever or night sweats?		
Have you had a BCG vaccination?		

I confirm that I have viewed a BCG scar on the above candidate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The scar is located:		
PRINT NAME:	Signature:	
Qualification:	Date:	

If no BCG scar is present candidate must undergo tuberculin skin test and results evidenced as having protection against TB before being assigned to work in the NHS.

Official Stamp required: