

Declaration by Occupational Health Nurse Advisor for  
Ace SAFE re: Viewing of BCG Scar.

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?			

For Occupational Health Use:

Candidate Name:		Date of Birth:	
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:
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