



BCG Scar Declaration Form

Section to be completed by candidate

Personal Information			
Title: Mr, Mrs, Ms, Miss, Dr	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Section to be completed by Health Care Professional (BCG Scar cannot be self declared)

Personal Information			
Title: Mr, Mrs, Ms, Miss, Dr	Surname	First names	GMC OR NMC PIN Number
Address	Post code	Telephone	Fax

Screening Results BCG Scar		
Location of scar	Size of scar	Date that scar was sighted

Screening Results Mantoux – Heaf if no scar present	
Mantoux- The above named patient had a induration 6mm or greater, but less than 15mm so therefore is considered immune/protected against Tuberculosis	<input type="checkbox"/>
Heaf Test- The above named patient has a Grade 2 (II) result so therefore is considered immune/protected against Tuberculosis	<input type="checkbox"/>

Declaration		
I hereby certify that I'm competent and have received appropriate training in the administration and reading of mantoux skin testing and BCG Vaccination Scars.		
Name	Date	Signature