



**BCG Scar Declaration Form**

Section to be completed by candidate

Personal Information			
Surname:		Forenames:	
Grade and Speciality:		Date of Birth:	

Section to be completed by Health Care Professional

Personal Information			
Surname:		Forenames:	
Tel:		GMC or NMC PIN No:	
Address including postcode			

Confirmation of competence			
Individuals viewing BCG scars must be trained and competent to do so			
<b><u>I confirm that I am:</u></b>			
An Occupational Health nurse skilled in viewing BCG scars			Please tick
An Occupational Health Physician			Please tick
A Physician who is competent and has undertaken the relevant training in viewing BCG scars			Please tick
A nurse who has been deemed competent and has undertaken the relevant training in viewing BCG scars			Please tick

Screening Results			
Please examine the skin at the distal insertion of the deltoid, and look for a scar.			
Is there a scar on the skin over the deltoid, in a location consistent with a BCG vaccination?	Yes	No	
If yes which side	Right	Left	

Declaration			
I hereby certify that I am competent in the administration and reading of mantoux skin testing and BCG Vaccination Scars.			
Name:		Occupational Health Department / Surgery Stamp	
Date:			
Signature			
Qualification/Designation			
		<b><u>Please note a stamp is required in order for this form to be deemed valid</u></b>	

**Please incomplete or partially completed forms will be refused**