

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

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

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

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