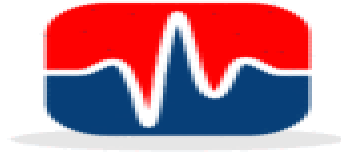


Knightingles



Healthcare Limited

BCG Scar Declaration Form

Candidate Personal Information			
Title (Mr, Mrs, Miss, Dr etc):		D.O.B:	
Surname:		Forenames:	
Mobile Phone Number:		Home Phone Number:	
Current Address:			
GP Address:			

Healthcare Personal Information			
Title (Mr, Mrs, Miss, Dr etc):		D.O.B:	
Surname:		Forenames:	
Telephone:		Fax:	
Address:			

Screening Results		
Location of scar:	Size of scar:	Date when scar was first sighted :

Declaration – To be signed and stamped by Healthcare Professional)		
I hereby certify that I am a competent health professional and I have received the appropriate training in the administration and reading of mantoux skin testing and BGC Vaccination scars.		
Name		Please ensure this form is stamped by a GP or Health Care Professional.
Date:		
Signature:		