

Consent for TB Skin Testing

I have read the enclosed information and frequently asked questions on the tuberculin (TB) skin test. I understand the benefits and risks of the tuberculin skin test and request the test be given to me or the person for whom I am authorized to make this request. I have never had a positive TB skin test.

I have reviewed the Notice of Health Information Practices of the Tulsa Health Department. I understand that information may be provided to school/child care officials, public health officials, health care professionals and insurance processing entities.

Signature: _____ Date: _____

Print Your Name

Name of child for whom you are signing.