**Tuberculin Skin Test Consent Form**

I have been offered the opportunity to receive a Tuberculin Skin Test (TST). Within the previous 3 months, I have not had an administration of a live vaccine of any kind. I am not pregnant nor do I think I am pregnant. I have not had a previous positive TST. I understand that the test becomes invalid if I do not have my TST reading read within 48-72 hours. My signature below releases Plano Independent School District, its employees, agents, Board of Trustees, owners, servants, and assigns from liability related to the intradermal application. I freely and voluntarily give my signed permission for this test.

**Please Print**:

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For School Use Only

PPD administered: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, complete the information below:

Date administered \_\_\_\_\_\_\_\_\_\_ Manufacturer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lot # \_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_

Site of application: Right Forearm \_\_\_ Left Forearm \_\_\_

Health Provider signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Reading \_\_\_\_\_\_ Result of PPD test \_\_\_\_\_\_mm response

Health Provider signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest X- Ray Referral: Yes \_\_\_\_\_ No \_\_\_\_\_

Date administered \_\_\_\_\_\_\_\_\_\_\_\_\_ Results \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_