

CONSENT FOR TUBERCULIN SKIN TEST

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

- 1. Have you ever had a TB Skin Test? Yes No
- 2. Have you ever had a positive reaction to a TB Skin Test? Yes No
- 3. Have you had any immunizations within the past six weeks? Yes No
- 4. (Women only) If pregnant - have you discussed TB test with your doctor ? Yes No N/A

Reason test is needed _____

I have been informed that I am to return to the Massillon City Health Department on Thursday between 8:45 am - 10:00 am to have my skin test read.

By signing this form, I acknowledge that I have received a copy of the Notice of Privacy Practices from the Massillon City Health Department and I give the Massillon City Health Department permission to administer a Mantoux Test.

Date _____

Signature of Patient or Guardian of Minor _____

RECORD OF MANTOUX TEST

STEP 1

Date _____ Date Read _____ Result _____

Time _____ Time Read _____

TUBERSOL Lot # _____ Read by _____

Site _____

Given by _____