



VOLUNTEER TB SKIN (PPD) CONSENT & TEST

Name of Volunteer: _____

Gender (circle one): Male Female Birth Date: _____ Age: _____

If volunteer is under the age of eighteen (18), applicant's legal parent or guardian gives consent for TB skin test and/or chest X-ray:

Parent/Guardian Signature *Date*

Print Name

I understand that a skin test and/or a chest X-ray to screen for TB is required to do volunteer work at Garfield Medical Center. Therefore, as an applicant to the Volunteer Program, I consent to have the required tests.

Applicant Signature *Date*

Print Name

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STEP 1: PPD skin test was given on _____ / _____
Month/Date/Year *Site of PPD*

At Garfield Medical Center by _____
Signature *Title*

****Test must be read 48-72 hours after initiated. If no induration palpated, please write "0".*

RESULT: _____ **mm induration.**

Test read and verify by: _____
Signature *Title* *Date*

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STEP 2: Second test to be administered a minimum of 7 days after first test.

PPD skin test was given on _____ / _____
Month/Date/Year *Site of PPD*

At Garfield Medical Center by _____
Signature *Title*

****Test must be read 48-72 hours after initiated. If no induration palpated, please write "0".*

RESULT: _____ **mm induration.**

Test read and verify by: _____
Signature *Title* *Date*