Tuberculosis TestingParental Consent Form for TB Skin Test for Teens

Annual 🖵	New Volunteer (2-Step) □				
Name:	D	epartment: VOLUNT	TEER		
Start Date: Date		ate of Birth:			
SS#					
	rental/guardian permission is required for o testing will be done without written parental permission.				
	on for to receive tuberonge for this service.	ulosis testing at St. Augu	ustine Manor. I understand		
Signature of Parent or Guardian:			Date:		
Please answe	r the following questions about the volunteer/app	licant:			
1.	Have you ever had Tuberculosis?	Yes	No		
2.	Has anyone close to you ever had Tuberculosis?	Yes	No		
3.	Have you ever had a reaction to the TB test?	Yes	No		
	Have you had stomach or intestinal surgery?	Yes	No		
5.	Were you born in the continental US?	Yes	No		
6.	Have you had the BCG vaccination for TB?	Yes	No		
7.	Are you in good health?	Yes	No		
8.	Is your immune system working well?	Yes	No		
9.	Are you taking steroids or cortisone?	Yes	No		
10.	Are you receiving radiation treatments or chemother	apy? Yes	No		

I understand that this test is required as a condition of my acceptance into the SAHC Volunteer Program. I am currently not pregnant or nursing a baby and I am in good health. I understand that I must report back to have the test read.

Volunteer signature:	 Date:	

For the safety of our residents and employees, tuberculosis testing must be completed for ALL residents, staff and volunteers. Initially, you must have a 2-step PPD (purified protein derivative) skin test before beginning work or volunteer duties. Volunteers and volunteer applicants are asked to arrange times with the Volunteer Coordinator, Pat Finegan, at (216) 939-7601.

You will receive a skin test in your forearm. You must return TWO days later to have your arm checked for a reaction. New employees/volunteers must have a 2-step process that requires receiving a second skin test 7-14 days following the first skin test. The reasoning for the 2-step is that the first injection will "sensitize" you. The second test will confirm a positive or negative reaction. If you develop a "raised" reddened area at the site of the injection, you must return to St. Augustine Manor at once. This could indicate that you have been exposed to tuberculosis at some point. A flat, "reddened" area does not denote a "positive" reaction.

If you fail to have your TB test "read" according to the schedule, OR fail to have the second-step testing, you will have to repeat the entire procedure. You will be tested annually, during your anniversary month, thereafter.

If you have questions or would like to schedule testing, please contact:

Pat Finegan, Volunteer Coordinator St. Augustine Health Campus (216) 939-7601 or pfinegan@st-aug.org

PPDs may be administered Monday through Wednesday after 9:30 p.m. by appointment only.

		Department: VOLUN	NTEER	
	TEST #1	TEST	#2	
Date:		Date:		
Lot#:		Lot#:		
Right ar	m 🗆 Left arm 🗅	Right arm □	Left arm □	
Given b		Given by:		
Date rea		Date read:		
Results	: ☐ negative ☐ positive	Results: \square negative		
	millimeters induration	millime	ters induration	
Read by	/:	Read by:		
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Reviewed by: