

Health Science Technology Education Parental Consent Form for PPD

This section to be completed by parent/legal guardian

PPD Test/Chest X-Ray

I give my permission for _____ to receive PPD testing for TB. I understand that my student must have a chest x-ray (at student/parent expense) if he/she has a positive PPD test.

I understand that the health care facilities require this of all students for participation in the unpaid work-based learning program.

Parent/Guardian Signature

Date

In case of emergency, notify _____

Phone # _____

This section to be completed by Registered Nurse

History of Positive PPD skin test? yes _____ no _____

PPD Test # 1: given _____ read _____ results _____

PPD Test # 2: given _____ read _____ results _____

Chest X-Ray performed (if necessary) _____ Results _____

Registered Nurse signature _____

Employing Agency _____

Texas License Number _____ Expiration Date _____