

LEE COUNTY HEALTH DEPARTMENT

TUBERCULIN (TB) SKIN TESTING PERMISSION FORM FOR MINORS

Child's Name:	
Date of Birth:	

I, _____ *please print Parent/Guardian name* _____, give Lee County Health Department (LCHD) my consent to provide my child, _____ *please print child's name* _____, with a TB skin test. Information about TB skin testing can be found at

<https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>

I give my child permission to sign the registration form in my absence.

I acknowledge that I have been given the opportunity to review the Lee County Health Department's Notice of Privacy Practices, which can be found at http://www.leecountyhd.org/files/8713/8124/2011/LCHD_Privacy_Notice.pdf

A new form must be used with each encounter at Lee County Health Department.

Signature of Parent or Guardian

Date