



**PARENTAL CONSENT FORM FOR
TUBERCULOSIS SKIN TEST AND
(FOR TEENS ONLY)**

I hereby give my permission for my daughter/son, _____,
to have Annual **Tuberculosis Skin Test** done. I understand that there is no charge for
this service.

Print Name of Parent or Guardian:

Signature of
Parent or Guardian:

Date: _____

Health Consent TB Annual.doc

Sept, 2003