American Lung Association.

Tuberculosis Education

PATIENT CONSENT FOR EXAMINATION AND TREATMENT

I have been informed of the risks and benefits of receiving or refusing the procedure/treatment listed below. I have had the opportunity to ask questions, which were answered to my satisfaction. I request and consent that the procedure/treatment below be administered to me.

If you receive a TB Skin Test, you will be given a designated time to return to the health department within 48 to 72 hours. If the TB Skin Test is not read during that time, you will need to have another TB Skin Test applied.

_____ _____

Client's Name (printed) Today's Date

_____ _____

Client's Signature Nurse's Signature

Staff Use Only

PPD given at _____ by _____ Date _____ Date read _____ Result _____ mm

Date Given	Time Given	Site	Manufacturer	Lot #	Nurse Signature	Date Read	Time Read	Nurse Signature	Induration mm

Disposition: ☐Discharge ☐Chest X-ray Date/Time_____Consultation Date/Time _____

Referrals/Comments _____

_____

HEALTH PROFESSIONALS

This form was created by the American Lung Association in Indiana with the assistance of our Tuberculosis Quality Task Force. For more information, visit us at LungIN.org (click on Programs and Materials, select Tuberculosis). We offer one of the best TB education programs in the country. Our TB program is approved by the American Lung Association, the Indiana State Department of Health and the Centers for Disease Control.

If you have medical-related TB questions, consult with your organization's policies or contact the Indiana State Department of Health TB Department at 317-233-7434.