

Prince George County Virginia Fire & EMS

Tuberculosis Screening Test

Consent Form

I have attended an educational session on Tuberculosis (TB). This session included information regarding the TB test which is used to determine if the bacterium which causes tuberculosis is residing in my body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk for acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & Health Administration (OSHA) recommend that I be tested for exposure to TB.

I have been given the opportunity to be tested at no charge to myself. I have had the opportunity to ask questions regarding TB and the skin- testing program. Based on this information, I elect to participate in this program.

Name (Printed): _____

Signature: _____

Date: _____

Administered By: _____

Read On: _____

Result: _____