

Relationship:

TB Skin Test Consent

PHAKIV	iacy id Skill lest (Juliaelit		
Name		Date of Birth		
Address			l	
City		Postal Code		
Health Card #			1	
Phone #				
	Screening (Questions		
Are you pregnant?			No	Yes
Are you feeling ill?			No	Yes
Have you had a positive TB Skin Test Before?			No	Yes
Have you ever been told you have Tuberculosis?			No	Yes
Are you currently taking medication that compromises your immune system?			No	Yes
Do you have HIV, Hepatitis C or another bloodborne illness?			No	Yes
Do you have any allergies that you are aware of?			No	Yes
Do you have a bleeding disorder?			No	Yes
Are you taking any blood thinners, including aspirin?			No	Yes
Have you received any vaccines in the last 28 days?			No	Yes
Please explain ar	ny "Yes" answers provided above:			
nsurance Plan. How providing TB Skin T As per our website a family doctor, nurs ests. Some provid	217 TB skin testing for the purposes of ever, as our clinic is not funded und esting for students (as we are not use and booking portal all students are e practitioner or clinic) to determine ers will provide the test free of char	der OHIP; we we sing publicly fundence encouraged to the first they are able	ill be cont ded Tubers contact tl e to accor	inuing to charge for sol/TB Skin Test Serum). neir primary care provider modate them for TB skin
documentation. FB Skin Tests are n esidential home/facil	ot covered under OHIP for the purpity.	oses of employ	ment or p	lacement in a seniors
Signature:			Date: _	
Name of person givin	ng consent (If not client):			