



2 - STEP Tuberculin (TB) Skin Test Permission Slip Form--REQUIRED

The two-step tuberculin skin test required for baseline screening and is used to determine whether a person has a tuberculosis ("TB") infection. The test is done in two phases, first phase; by using a needle and syringe to inject tuberculin between the layers of the skin, usually on the forearm. After 48 to 72 hours, examination of the arm is required to determine if there is a reaction. A nurse will examine the arm to look for swelling which may indicate a positive reaction. Most people with TB infection have a positive reaction to the tuberculin. The second phase test is the same test procedure carried out 3 weeks after the first phase is completed. Additional information about TB can be found on the Centers for Disease Control website (www.cdc.gov)

The State of Oregon and St. Charles Health System require a TB skin test for any high school student who will be participating in visits to St. Charles facility patient care areas for more than a single day. In order for students to participate in planned health occupations rotations at St. Charles, students must have a TB skin test.

Your school nurse or other trained health care professional will administer and read the TB tests. If results are not read within the 48 to 72 hour period following the test, the TB test must be repeated. If a student is determined to have had a positive TB skin test, it is the responsibility of the student to seek further medical testing with their primary care physician and present clearance in writing to the St. Charles Infection Control Nurse, who will determine whether the student will be allowed to participate in job-shadowing at St. Charles. **Students may not participate in rotations without having TB tests completed and eligibility determined by the Infection Control Nurse.**

Please be aware that, as with any test, there are potential side effects. In highly sensitized individuals, strongly positive reactions including blisters, ulceration or necrosis may occur at the test site. Cold packs may be employed for symptomatic relief of the associated pain, itching or discomfort.

Consent to TB Test Procedure:

Student Name _____ Date of Birth _____

I, the undersigned, have been informed about the 2 Step Tuberculin Skin Test and have had an opportunity to have my questions answered satisfactorily. I understand the risks and benefits of this test. I request that the Tuberculin Skin Test be administered to me. I am aware that medical complications can occur, and that no guarantee or assurance has been made as to the results that may be obtained.

Student Signature

Date

I, the undersigned, have been informed about the 2 Step Tuberculin Skin Test understand the risks and benefits of this test. I request that the Tuberculin Skin Test be administered to my child. I am aware that medical complications can occur, and that no guarantee or assurance has been made as to the results that may be obtained.

Parent/Guardian Name _____

Parent/Guardian Signature - if student under 18

Date