

Tok orait blong Tubekulin Skin Tes

Vesen 2 – May 2013

Pidgin

- Mi kisim pinis pepa blong Tubekulin Skin tes long tokples mi kilia long en. I bin gat wanpela blong halivim mi tanim tok tok long tokples blong mi na sevis/kalsa sapot lain i bin kam taim mi putim rikwest
- Mi ansarim pinis ol kwesten insait long Tubekulin Skin Tes pepa.
- Mi kilia long ol tok tok blong Tubekulin Skin Tes (wantaim ol risk or wari em bai kamap long mi) na sapos ol dispela risk kamap.
- Ol bin givim mi opotuniti long mi askim kwesten long ol Tubekulin Skin Tes. Ol kwesten blong mi em ol bin givim mi ansa na mi amamas.

Tok Orait

Mi tok orait long ol administreisen blong Tubekulin Skin Tes.

Nem blong sik man o meri (plis raitim): _____

Nem blong ol papamama o lukaut manmeri (sapos pikinini) o narapela i ken mekim disisen (aninit long pawa blong Attorney Act 1998 na o ol Guardianship na Administration Act blong 2000) (plis raitim):

Mak na de blong sainim pepa: _____

Stetman blong man o meri blong halivim tanim tok go long tok pisin o tokples

(Dispela blong ol lain long opis blong halivim tanim tok tok sevis/kalsa sapot man o meri long filim pom)

Mi givim pinis tok tok tanim blong mi long dispela tok orait pom (na ol narapela inpomasen ol givim blong ol sik lain kam long klinik) i stap long tokples em sik man o meri i kilia long en, em:

_____ (tokples)

Nem blong man o meri halivim long tokples: _____

Mak blong yu na de blong sainim dispela pepa: _____

CONSENT for Tuberculin Skin Test

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- I have received fact sheet about the Tuberculin Skin Test in a language which I understand. An interpreter service/cultural support person was provided as requested by me.
- I have responded to the questions in the Tuberculin Skin Test Fact Sheet.
- I understand the details of the Tuberculin Skin Test (including any significant risks or problems which are specific to me) and the likely outcomes if those risks occur.
- I was given the opportunity to ask questions about the Tuberculin Skin Test. Any questions asked have been answered to my satisfaction.

Consent

I consent to the administration of the Tuberculin Skin Test.

Name of patient (please print): _____

Name of parent / guardian (if a child) or substitute decision maker (under the *Powers of Attorney Act 1998* and or the *Guardianship and Administration Act 2000*) (please print):

Signature and Date: _____

Interpreter's statement

(To be completed if interpreter service / cultural support person was provided)

I have given a verbal translation of this consent form (and any other information given to the patient by the clinic) in a language that the patient understands, which is:

_____ (specify language)

Name of interpreter: _____

Signature and Date: _____