

I GIB PERMISSION POR TUBUKULIN SKIN TEST

Version 2 – May 2013

- I gud information sheet bout the Tubukulin Skin test in langus I undastun. Mun ken spik TS Creole Torres Strait Creole support person bin look me.
- I bin gib unsa por kwestin blo Tubukulin Skin test paper gud information por me.
- I undastun them details blo the Tubuklin Skin Test (wus e big risk or problem I gud lo me) and ip them risk or problem gor affect me.
- I bin get time por me por ask kwestin about the Tubukulin Skin Test. Them kwestin all ask em, I bin unsa best wei I ken.

Consent

I gib permission por elth tim por mek e Tuberculin Skin Test.

Nem blo yu (print im): _____

Nem blo mummi/duddi (ip you pikinini) or nutha mun yu bin put im por mek e decision (under the Powers of Attorney Act 1988 and or the Guardianship and Administration Act 2000) (Print nem):

Sign and Date: _____

Interpita statment

(Complete ip interpreta or culture person elth tim gibe m por you)

I bin tok bout this permission porm (un e eni information elth tim gib e patient) in langus em patient e undastun, which is:

_____ (langus group)

Nem blo interpreta: _____

Sign and Date: _____

CONSENT for Tuberculin Skin Test

Version 2 – May 2013

- 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: _____