

CONSENT for Tuberculin Skin Test

Version 2 – March 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: _____