

PPD (Tuberculosis Skin Test) Consent Form

I, _____, give the Salt Lake County Health
Department permission to administer and read, within 72 hours, a PPD (intra-
dermal tuberculosis skin test) for, _____, my unaccompanied 16 or
17-year old.
printed name teen's name

I understand that a positive PPD may indicate that the teen has been exposed to bacteria that cause tuberculosis (TB), but does not necessarily mean he or she has active TB. A tuberculosis diagnosis requires additional testing and consultation.

Parent or Guardian Signature

Date