



First Nations Health Authority
Health through wellness

Tuberculosis Services

TB Skin Test Consent Form

TUBERCULIN SKIN TESTING FOR TUBERCULOSIS

Dear Parent or Guardian:

Community Health Nurses will be coming to your child's school to do TB Skin Testing. Please fill out the consent form below and return it to the school as soon as possible. If your child receives the skin test, please ensure that they attend school two days later in order to have the skin test checked.

Although tuberculosis (TB) is a disease that usually infects the lungs, TB can grow in any part of the body. It is spread to other people by coughing, sneezing or speaking. It is important to be tested for TB if you have symptoms like coughing, weight loss, fatigue and night sweats.

TB skin testing presents minimal risk for children. A TB skin test involves injecting a TB testing material (protein) into the skin on the inside of the forearm. A small bubble forms and is absorbed into the skin within a few minutes.

Allergic reactions, although rare, can occur including hives, wheezy breathing or swelling. The Nurse will observe your child for signs of an allergic reaction for 15 minutes following administration of the TB skin test.

Two (2) days after the skin test, the Nurse will examine your child's arm to measure the reaction at the site of injection. The reaction may cause the skin to blister and may cause itchiness. This will heal over in a few days. You will be notified if your child has a "positive" reaction.

A positive skin test result may mean your child has TB germs in his or her body. The next step may be a chest x-ray to see if the germs are sleeping (TB infection) or awake (TB disease). Depending on the results on the x-ray, medication may be offered to cure active disease or to prevent TB infection from causing TB disease in your child's future.

Community Health Nurses thank you for your cooperation with this important health care program.

CONSENT FOR TUBERCULIN SKIN TESTING

Grade: _____ Division: _____

Child's Birth Date: Day _____ Month _____ Year _____

The following information is asked so that your child's health record can be updated accurately. All children attending a band school or health centre for services are eligible for screening regardless of First Nations status or possession of BC Care Card.

Child's Care Card#(PHN) _____ Child's First Nations Status: First Nations / Metis / Inuit Child Status
First Nations: Yes / No Child Resides on Reserve Yes / No

I consent to having my child, _____, skin tested for tuberculosis at school. I have read the above information about tuberculin testing.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE SIGNED