



PLEASE PRINT
Nevada County Public Health
INFORMED CONSENT FOR TUBERCULOSIS TESTING

CREDIT AUTH#
VOUCHER BH
CASH CHECK#

Name DOB Age Sex
Address Zip Phone

The tuberculin test is a skin test that tells if a tuberculosis bacteria has ever entered your body. A drop of liquid (purified protein derivative-PPD) is injected under the top layer of your skin (usually the forearm). There is nothing in the liquid that will give you TB. TB-screening during pregnancy is good practice.

1. Reason for testing: childcaare/pre-K/K-12 school/Jr college employee or volunteer other:

- Yes No
2. Can you return for the required test reading?
3. Have you ever had a skin test for tuberculosis? When?
4. Have you had a significant reaction to a TB test after 48-72 hours? When? Describe:
5. Have you ever had an immediate reaction (within 6-12 hours) to a TB test?
6. Have you ever been referred for a chest x-ray after a TB test?
7. Have you ever taken medicine for tuberculosis? When?
8. Were you born outside the USA? Where? When did you come to the USA?
9. Do you have any health problem that might lower your ability to fight infections? (i.e. any cancer, HIV, diabetes, lupus, kidney failure)
10. Are you taking cortisone, prednisone, or other steroids, or any treatments for cancer?
11. Have you had any infections in the past month? What?
12. Have you had the BCG Vaccine? When?
13. Have you had any of the following vaccinations within the last month? MMR Varicella (chickenpox) Influenza (by nasal route) Other live viruses (smallpox, oral polio, oral typhoid)
14. Have you had any of the following symptoms? Productive cough or cough lasting over 3 weeks Coughing up blood Night sweats Unexplained weight loss
15. Do you have any history of IV drug use, homelessness, incarceration, living in a group setting, or recent residence/travel outside the U.S.?

The following demographic data is required by NCPHD which is kept confidential and allows us to provide quality services.

Choose one: Insurance Choose one: Ethnic Group Choose one or more: Race Choose one: Language
Medi-Cal or Medi-Cal Managed Care
Yes No
Hispanic non-Hispanic Unknown
Asian Black White Unknown Alaskan Native American Indian Native Hawaiian Pacific Islander
English Spanish Indian (includes Hindi & Tamil) Other

Medicare Non Participation Policy Agreement: Nevada County Public Health does not bill Medicare for any services.

With respect to the opt-out provisions, the Medicare Benefit Policy Manual, Publication 100-02, Chapter 15, Section 40.5 states that when a physician/practitioner opts out of Medicare, Medicare covers no services provided by that individual and no Medicare payment can be made to that physician or practitioner directly or on a capitated basis. Additionally, no Medicare payment may be made to a beneficiary for items or services provided directly by a physician or practitioner who has opted out of the program.

- By signing below, I understand that Nevada County Public Health does not bill Medicare for the services I am receiving today.
I understand that I am paying cash for services received today. These services cannot be reimbursed by Medicare and I will not submit a claim.

Nevada County Notice of Privacy Practices

- I acknowledge that I have received a copy of the Nevada County Notice of Privacy Practices.

Please read the following and sign: I have been given information about the Mantoux tuberculin skin test and I understand the test result must be read in 48 to 72 hours and I will return for this. In some cases, it may be recommended to repeat the PPD test. I request the PPD skin test be given to me or the person named above for whom I am authorized to make this request.

Signature Date
Parent/Guardian/Self

Date & Time Site Lot/Expiration Clinician Initials Date & Time Read mm Induration Results Neg Pos Clinician Initials