



REYNOLDS MEMORIAL
HOSPITAL

Volunteen TB Test Consent Form

By signing this form, I consent that my son or daughter can have a TB test performed by the Infection Prevention Nurse at Reynolds Memorial Hosptial. This test is completed at no cost. The student will have to report back to the Registration Department of the hospital within 48 – 72 hours to check the site for the test to be valid.

Volunteen's Full Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

(this is required for the registration process only)

Parent or Guardian's Printed Name: _____

Parent/Guardian's Signature: _____