

**Cleveland Clinic
Student TB Test Permit Form**

Today's Date: _____
Name: _____
SS#: _____ Birthdate: ____/____/____ (mm/dd/yy)
School: _____ Grade: _____
Program: _____
Requested by: Office of Civic Education Initiatives
Contact: Nedra A. Starling, Instructional Designer, 216.297.8304

Student Instructions:

- 1) Print requested information above and your name on the line below for "Student Name".
- 2) Have your parent/guardian sign and date the form below on the appropriate lines.
- 3) Arrive promptly at the assigned time & location you are provided to have your TB test placed.
- 4) You **MUST** bring an official photo ID with you. (Only acceptable photo ID's are a valid State of Ohio driver's license or temporary driver's license or a valid State of Ohio photo ID card.)
- 5) Note the return date to have your TB test read. You must return to have your TB test read at the designated time or your test will not be valid. Failure to return to have your TB test read will forfeit your placement.

PARENT/GUARDIAN PERMISSION FORM

_____ (print student name) has my permission to be skin tested or blood draw quantiferon tested for tuberculosis (TB). I understand that any necessary follow up treatment(s), due to positive readings will be the responsibility of the student and his/her parent(s)/ guardian(s) and not that of Cleveland Clinic nor the Office of Civic Education Initiatives. If my son/ daughter/ minor dependent tests positive, I agree to provide written documentation from their health care provider, including information on prescribed medication treatment(s) and readings of any additional x-rays, stating that they are free from communicable disease before they may start their rotation at Cleveland Clinic.

Parent/Guardian signature_____
Today's Date_____
Insurance Provider Name_____
Policy Number I am 18 or older and able to sign for myself_____
Student signature_____
Today's Date

Please contact Nedra Starling if you have questions - 216.297.8304 or starlin@ccf.org