



P.O. Box 157 366 Garteeni Hwy. Hoonah, Alaska 99829 (907) 945-3611 Fax (907) 945-3492

Date: _____

CONSENT FOR TUBERCULOSIS MONOVAC SCREENING TEST

Please check and complete one of the following, sign and return to the school.

___ I give my consent for _____ to have an annual tuberculin test, when it is indicated, during the period he/she is enrolled in an Alaskan School System.

___ I do not consent for _____ to have an annual tuberculin test.

Reason:

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Signature of Parent or Guardian

7AAc 27.213 Each Public School District and non-public school offering pre-elementary education through 12 grade or any combination of these grades shall administer Tuberculosis Screening Skin Testing within 90 days of enrollment to every child who enrolls 1) in a pre-elementary school; 2) in grades K, 1, 3, 5, 7, 11 or; 3) in a school district for the first time.