

**ANCHORAGE SCHOOL DISTRICT
PPD TUBERCULIN SKIN TEST CONSENT OR EXEMPTION**

STUDENT _____ BIRTHDATE _____ GRADE _____

Your signature below gives consent for your child to receive the Mantoux PPD tuberculin skin test required by Alaska state law for kindergarten, 7th grade and new-to district students, while at school. This is an injection just under the skin of tuberculin antigen, PPD (purified protein derivative). You may choose to provide a PPD test result given elsewhere as long as it meets the requirement of state law.

____ Yes, I **consent** to the PPD skin test for my child at school. (Test is free of charge).
Initial _____

--OR--

____ **No**, my child **has already had** a PPD test done and read **within the past six months** and
Initial _____ I will provide that documentation to the nurse within 30 days.

____ **No**, my child is exempt from TB testing because of a **previous positive PPD test** with a
Initial _____ reading of 10mm or more. Parents must provide health history information about the chest x-ray, health care provider and medication taken because of a previous positive PPD.

X _____
Parent/Guardian Signature _____ *Date* _____

Alaska State law requires PPD (purified protein derivative) tuberculin skin testing for all students in kindergarten, 7th grade and those new to our school district.

Exemption for PPD testing is permitted by law, **only** if you provide results from a PPD skin test given within six months prior to school entry, **or** a physician (MD/DO/ANP/PA) states that skin testing would be injurious to your child's health. If your child had a previous positive PPD test, with a reading of 10 mm or more, a skin test is not required. A BCG vaccination is not an exemption from tuberculin testing, and **there is no exemption from tuberculin skin testing for religious belief or personal objection**. If you have any questions, please contact the school nurse.

FOR OFFICE USE ONLY: Student ID # _____ Zangle data entered _____

Date given _____ By Nurse _____

Date read _____ PPD _____ mm By Nurse _____