THE LONGSTREET CLINIC, P. C.

Consent Form

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for a representative of The Longstreet Clinic, P. C. to place a tuberculin skin test on my son/daughter.

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Office Representative Signature

Please call Lorrie Caruana at 770-533-6579 with any questions about the tuberculin skin testing.