

	Lower Providence Emergency Medical Service Standard Operating Guidelines	
	Subject: <i>Infection Control</i> – Informed Denial Waiver (TB) Screening Test	SOG #300-0011
	Approved: Chief Christopher J. Reynolds	Initiated: January 2022 Revised: N/A

Informed Denial for Tuberculosis (TB) Screening Test

I have attended an education session on Tuberculosis. This session included information regarding the Mantoux skin test with is used to determine whether the Tuberculosis organism is present in the body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk of acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) recommend that I should be tested to determine whether I have contracted Tuberculosis.

I have been given the opportunity to be tested using the Mantoux skin test at no charge to myself. However, I declined Tuberculosis screening at this time. I understand that, by declining this screening, I am at risk of having Tuberculosis without my knowledge. I understand that I will be able to obtain testing for Tuberculosis in the future if I choose to change my decision.

Member Name : _____

Date: _____

Member Signature: _____

