

PPD TUBERCULIN SKIN TEST CONSENT OR EXEMPTION

ANCHORAGE SCHOOL DISTRICT

STUDENT _____ BIRTHDATE _____ GRADE _____

<p>Yes, consent</p> <p><i>Initial</i></p>

--OR--

<p>No</p> <p><i>Initial</i></p>	<p><u>has already had</u></p>	<p><u>within the past six months</u></p>
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