

**SPARROW ASSOCIATE OCCUPATIONAL HEALTH**  
**Medical Arts Building, Suite 101**  
**1322 E. Michigan Ave.**  
**Lansing, MI 48912**  
**(517) 364-3900 FAX 517-364-3578**

OFFICE HOURS  
Monday – Friday, 7am – 6pm

Dear Job Shadower:

You will need to have your TB skin test looked at in **2-3 days**. You must come back here to have it checked.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Social Security number \_\_\_\_\_ Birth date: \_\_\_\_\_

Do you have any allergies to medications?    \_\_\_ Yes \_\_\_ No

Have you ever had a positive TB skin test?    \_\_\_ Yes \_\_\_ No

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**Consent for Medical Services for a Minor**

I give permission for my child, named above, to have a tuberculin skin test.

Relationship to minor:    \_\_\_ Parent            \_\_\_ Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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Tuberculin skin test: \_\_\_\_\_ Given: \_\_\_\_\_ \_\_\_\_\_ Arm: Left / Right  
(lot #) (date) (time)

**HAVE YOUR ARM CHECKED IN 48-72 HOURS BY A DOCTOR/NURSE**

Result: \_\_\_\_\_  
(measurement in mm) (time) (date)

Read by: \_\_\_\_\_  
Physician or Nurse Signature

**Please bring this form with you when you return to Associate Occupational Health Services for your reading.**

Sincerely,  
Associate Occupational Health Department