**Release of Information/Results of TB Testing**

Client Name: Date of Birth:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Lot # | Date Placed | Date Read | Results |
|  Step 1 |  |  |  |  mm |
|  Step 2 |  |  |  |  mm |

I, (Parent/Guardian/Student if age 18 or older) , give permission for the Kankakee County Health Department to release the results of my/my child’s TB testing done between 8/24/18 and 9/10/18 to the Kankakee Area Career Center for the purpose of meeting the requirements of the KACC program my child is participating in.

 (Signature of parent/guardian/student aged 18 or older) (date)

\*Child development students will be completing only 1 step TB testing, and CNA students will be completing the 2 step TB test, Per KACC requirements.