



Occupational Health Department Volunteer TB Screening Parental Consent

Your child has expressed an interest in volunteering at Driscoll Children's Hospital! Thank you for your support!

One of the requirements of the Immunization Policy is to screen for tuberculosis, and since we follow best practice standards, we will need to collect a lab specimen blood draw called the Tspot instead of a skin test. This lab work will be completed by the Occupational Health Department.

The blood draw is a lab that is a safe procedure using single-use, sterile supplies. There is no need for fasting for this lab, and in fact we encourage the staff to have recently eaten and be well hydrated.

On occasion, there are individuals who experience mild to moderate side effects, which can include anxiety over the actual lab draw (needles), pain at the insertion site, bruising, light-headedness or fainting.

Our staff is well prepared to provide comfort measures and medical attention for any of these issues.

This is a legal document required to allow your child to have his/her lab work drawn, which must be completed in order to volunteer for Driscoll Children's Hospital. Our policy states individuals who have a borderline, invalid, or positive Tspot must be redrawn to verify the result. The results from the second lab draw will direct the course of action. If the result is negative, no further action is needed. If the result is positive, the patient must be seen by the Texas Department of Health (for free) or by your personal provider (not paid for by Driscoll). By law, all positive results must be reported by our hospital to the Texas Department of Health.

All positive results that are seen by a provider must have a release to return to work – or volunteer – at Driscoll Children's Hospital.

Thereafter, an annual TB Symptom Review will be completed every January. Driscoll reserves the right to require an annual Tspot or screen for tuberculosis if any of the answers on the survey require further investigation.

The bottom section of this form MUST be accurate and completed in INK:

I understand that my son/daughter must bring this signed parental consent form and appropriate identification to have his/her lab work drawn.

I HAVE LEGAL AUTHORITY AND I CONSENT TO MY CHILD'S BLOOD DRAW LAB WORK:

Print in ink – parent/guardian name

Sign in ink – parent/guardian name

Date

Print Volunteer name

Volunteer date of birth mm/dd/year