

Directions for filling out PPD Skin Test Permission form:

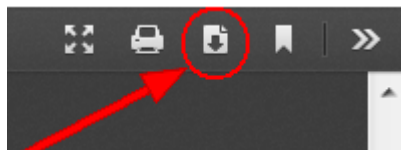
1. Use Adobe Acrobat Reader to view form.
 - Click link below if download is needed.



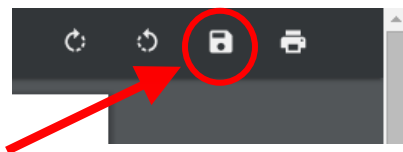
2. Please **DOWNLOAD** or **SAVE** file before completing by clicking the download or save icon.

See images below for reference.

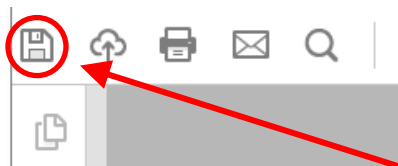
- Firefox browser



- Google Chrome browser



- Internet Explorer browser



3. Please provide the completed form to:

Miss Kris Hurlburt, R.N.

Phone: 671-477-6341 ext. 280

Fax: 671-477-7136

kristen.hurlburt@hbcguam.net



Dear Parent or Guardian,

Your child needs a PPD skin test to meet Public Health requirements. For your convenience, the school nurse can administer this in her office. If you choose this option, please complete the parental permission form below and pay \$8. Because the test can be frightful for a small child, the nurse requests that all parents of preschool age children would accompany their child.

Thank you for your cooperation in this matter.

Sincerely,
HCA Administration

I hereby authorize the school nurse of Harvest Christian Academy to give my child, _____, the PPD skin test.

Date

Parent's Signature

Print Name

___ Cash ___ Check ___ Charge Acct # _____

PPD Date given _____ Date read _____ Results _____ School Nurse _____