

**West Houston Medical Center
Junior Volunteer Program**

**Release form- TB Test
Under Age 18 Applicants**

West Houston Medical Center screens all volunteers for the presence of Tuberculosis utilizing interferon-gamma-release (IGR) assay called T-SPOT. I, the undersigned, hereby give my permission for my son/daughter

_____ to have the T-SPOT blood test. It is understood screening tests must prove negative in order for my son/daughter to actively participate in the junior volunteer summer program.

I understand this screening will be provided at no cost and the results of the screening will be maintained as confidential by the WHMC Employee Health Nurse and the Director of Volunteer Services. Please be advised, should the T-SPOT test prove positive, a chest x-ray will then be required to rule out/diagnose latent tuberculosis (TB).

In the event my son/daughter is positive, it is understood it will then become my responsibility as parent/guardian to follow-up directly with his/her physician.

Signature of parent/guardian

Date