SCREENING FOR HEPATITIS B BY PRIVATE PHYSICIAN

CONSENT FOR RELEASE FOR INFORMATION

I wish to have my own Doctor arrange for a Blood sample from the arm to be tested for immunity to Hepatitis B. (Test results done since December 1, 1985 are acceptable for the screening.)

I give my consent for information regarding _____ (name of student) to be released from the physician to the Medical Officer of Health and where necessary, from the Medical Officer of Health to the Durham Region School Board.

Physician's Name _____

Physician's Address _____

Physician's Tel. No. _____

Signature of Parent / Guardian and /or _____

Student if 18 years of age or more _____

Date _____