Department of State Health Services
Standing Delegation Orders / Standing Medical Orders and Procedures
Issued by the Regional Director (Local Health Department Authorizing Physician)
Health Service Region (HSR) ____

Cover Sheet for: Tuberculin Skin Testing

HSR Address: _____

City: _____ TX Zip: _____ Phone: _____

Effective Date: _____ Through: _____

Authorizing Physician: _____

Signature: _____ Initials: _____ Date: _____

Emergency Contact Information: _____

Non-licensed health care workers authorized to perform the Tuberculin Skin Testing Procedures under Standing Delegation/Medical Orders:

Name/Title	Signature	Date	Physician Initials	Date