

**Occupational Health Service
Minor Employee/Volunteer Consent Form
(For Under Age 18)**

Name of Minor Employee/Volunteer: _____
Please print

All employees and volunteers must meet the infectious disease requirements set by the hospital before they can begin work.

I give permission for my minor child to have:

- Yes No 1. A pre-placement health screening. The purpose of this screening is to make sure your child meets all the required infectious disease standards.
- Yes No 2. A blood test to measure antibody levels for Measles, Mumps, German Measles and Chicken Pox.
- Yes No 3. A skin test for Tuberculosis (TB).
- Yes No 4. A chest x-ray, ONLY if the TB skin test is positive, which indicates exposure. The chest x-ray would help determine if there is active disease present.
- Yes No 5. A Hepatitis B screening blood test, ONLY if your child may be working in a clinical area.

Thank you for your help. If you have any questions and would like to speak to a nurse about the screening or anything listed above, please call 978-354-4465.

Printed name of Parent/Guardian _____

Signature of
Parent/Guardian _____ Date ____/____/____