



Consent to Provide Pre-placement Screening to a Minor

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_
Current Date: \_\_\_\_\_

I am the parent or legal guardian \_\_\_\_\_ and as such I authorize the Partners Occupational Health Services to provide medical care to my child for the purpose of screening my child for placement as either an employee or volunteer. I understand this care may include 1) drawing blood and testing it for immunity to measles, German measles, mumps, chickenpox, and Hepatitis B; 2)vaccinations against the infections listed and during flu season influenza vaccination; 3) a skin or blood test to check for tuberculosis infection; and/or 4) a chest x-ray if my child has had a positive skin test for tuberculosis in the past or during the pre-placement screening. I fully understand that if my child is being screened for employment (please note that this does not apply to students and volunteers), he/she is subject to the Pre-Hire Drug Testing Policy. My signature on this form serves as consent for my child to undergo pre-hire drug testing.

I understand that if my child requires vaccination I will be provided with a Vaccine Information Sheet by fax or email. I understand by law, all vaccines given by OHS or documented by OHS will be electronically sent to the MIIS (Massachusetts Immunization Information System) and that I have the right to limit who can see these records by completing the online "MIIS Objection Form" at www.mass.gov/dph/miis (also available at Occupational Health). By signing this form I acknowledge that I have read and understand this consent. I also understand that if I have any questions I can contact the Occupational Health Service at the number listed below so that my questions are fully answered prior to signing this consent.

Print Your Name Signature Date
I understand this consent is good for 1 year unless otherwise specified

Please provide contact information as we must forward you a Vaccine Information Sheet if your child requires any vaccines:

Email Address: \_\_\_\_\_
Fax: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_

Occupational Health Services