ONSLOW MEMORIAL HOSPTIAL AUXILIARY

VOLUNTEEN

PARENTAL CONSENT FORM

Requirements for participation in the Onslow Memorial Hospital Auxiliary Volunteen Program include satisfactory results from a PPD test for Tuberculosis and a current shot/immunization record.

Onslow Memorial will administer the PPD skin test. If there is a positive reaction to the PPD test, a chest X-ray will be provided and follow up will be required through your physician or the Onslow County Health Department.

Please sign below giving Onslow Memorial permission to administer the PPD test and provide a copy of the shot/immunization record.

Thank you for your assistance.

Volunteen Program Coordinator

My son/daughter _____has my permission to receive a PPD Test for Tuberculosis.

_____ _____

Parent/Guardian Signature Date

FOR EMPLOYEE HEALTH USE ONLY

PPD Given: _____ _____

(Date) (Signature)

PPD Read: _____ _____ _____

(Date) (Results) (Signature)