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 immunization record which includes proof of the following vaccinations:

Two (2) MMR  Three (3) Hepatitis B  Two (2) Vercelli

Onslow Memorial Hospital 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. You must provide a copy of the shot/immunization at or before the interview.

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)