

PARENTAL PERMISSION
for volunteers under 18 years of age
Health Screening

Volunteer's Name

Date of Birth

All volunteers must be cleared through Occupational Health Services

Please bring documentation for the following to your Occupational Health appointment:

- Rubeola/Measles (2 vaccines or an antibody blood test)
- Rubella/ German Measles (1 vaccine or an antibody blood test)
- Mumps (2 vaccines or an antibody blood test)
- Two TB skin tests within 1 year **or** consecutive annual TB tests for 2 years, one within 3 months, **or** Negative IGRA test such as T-spot or Quantiferon Gold within one year.
- If one has a history of a positive TB test, please provide documentation of positive test, documentation of counseling and/or treatment of latent TB infection, and a copy of a chest x-ray report.
- Varicella/ Chicken Pox (documentation of 2 vaccines or an antibody blood test)

If documentation above is not available

I give Boston Children's Hospital Occupational Services (OHS) permission to provide:

- Blood test to check antibody levels for measles, mumps, rubella and varicella.
- Blood test to check for tuberculosis OR
- Tuberculin Skin Test (a small injection into the skin on the forearm). Your child will need to return in two to three days for a "reading" of the test.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (printed) _____

Telephone Number _____

Date _____

I understand that if I have any questions I can telephone **857-218-3046** to talk with an OHS Clinician.