

**Consent to Provide Pre-placement Screening to a Minor**

Name of Minor: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Current Date: \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_ 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 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](http://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.

_____	_____	_____
<b>Name of Parent or Legal Guardian</b>	<b>Signature of Parent or Legal Guardian</b>	<b>Date</b>

***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

MGH: (617) 726-2217 | BWH: (617) 732-6034 | BWFH: (617) 983-4628 | MCL: (617) 855-2438 | NWH: (617) 243-6181  
 NSMC Union: (781) 477-3211 | NSMC Salem: (978) 354-4466 | RCI: (508) 833-4178 | SRH Cambridge: (617) 349-5805 | SRH Charlestown: (617) 952-6380  
 SRH Brighton: (617) 983-4628 | CDH: (413) 582-2236