

Employee Health/Consent-to-Test/Right-to-Know

Informed Consent

I, _____, understand I will provide a blood sample.
(Print Name)

The blood will be used to evaluate immunization status. DO NOT FAST for this testing. Please eat regular meals and drink plenty of fluids.

Bring immunization records to your appointment.

Blood Draw:

____ Measles/Mumps/Rubella (MMR)

____ Tuberculous (TB)

I have read, or had explained, the information regarding Measles, Mumps, Rubella, Tetanus and Varicella diseases and vaccines. I have had a chance to ask questions and have them answered to my satisfaction. I understand the benefits and risks of the vaccines and request the vaccine checked above be administered.

Signature _____

Release of Information:

The Employee Health/Disability Management Department is hereby authorized to release any of the above information and related test results to Volunteer Services.

Signatures:

Junior Volunteer _____ Date _____

Parent/Guardian _____ Date _____