



EMPLOYEE HEALTH AND WELLNESS
VOLUNTEER SCREENING PERMISSION FORM

Dear Parent/s:

Your son/daughter has been offered a volunteer position at Unity Point Health Finley Hospital. This offer is conditional upon the successful completion of a pre-volunteer health screening (which will include blood testing and possible immunizations). As your son/daughter is a minor, we are required to have parental permission for the exam, blood testing, and immunizations. All costs of the exam/drug test are covered by Unity Point Health Finley Hospital. You may either accompany your son/daughter to his/her appointment or you may sign this form and send it with your son/daughter to his/her appointment. You may also call Employee Health at 563-589-2650 should you have any questions.

I give my permission to Unity Point Health Finley Hospital to perform the following pre-volunteer tests on my son/daughter: _____ General health screening, two-step TB test OR T Spot testing, Blood testing/titers (if applicable). If your child needs additional immunizations, you will be asked to sign separate consents for each immunization.

Parent Signature Date

Parent Name (Printed) Date

***NOTE: Please send your child's immunization/vaccination records with them to the appointment.

References: Finley Hospital Policy 201L – Consent Forms and Informal Consent