CHI Health

EMPLOYEE HEALTH

AUTHORIZATION FOR EXAMINATION AND/OR TREATMENT OF A MINOR

I, _____, the parent and/or legal guardian of
(Printed Name of Parent or Legal Guardian)

of _____, _____.
(Name of Child/Minor [patient]) (Date of Birth)

hereby give consent to the examination and/or treatment of my child/minor during the office visits.

☐ **Examination**

- May include an OSHA respirator medical questionnaire and N95 respirator Fit Test to determine the approval for respirator use if needed during employment.
- Venipuncture (blood draw) to test for Tuberculosis and to determine immune status to: Measles, Mumps, Rubella and/or Varicella if documentation of completed vaccine series is not available. Hepatitis B immune status may be screened if there is an increased risk of occupational exposure.
- If vaccinations are recommended, the parent/legal guardian will be contacted for consent prior to offering or administration of vaccine.

☐ **Non-Federal Drug/Alcohol Screen** (for pre-employment only, does not include volunteers)

- Urine specimen will be collected and analyzed for the presence of drugs.

This authorization:

☐ Is effective only on _____, 20_____

☐ Is effective from _____, 20_____ to _____, 20_____

☐ Is effective until revoked by me in writing

Signature of Parent/Legal Guardian	Date	Time ☐ a.m. ☐ p.m.
The CHI Health Witness	Date	Time ☐ a.m. ☐ p.m.
Second CHI Health Witness (if telephone consent)	Date	Time ☐ a.m. ☐ p.m.