

Dear Volunteer Parent/Guardian:

According to the policy of Bryan Medical Center, volunteers must show immunity to measles (rubeola), mumps, rubella and chicken pox (varicella), before beginning their volunteer service. Please provide immunization information as indicated on the History of Immunizations form.

If immunization records are not available, this individual may be asked to have a blood test to check for immunity to measles (rubeola), mumps, rubella and/or chicken pox (varicella). If found not to be immune, a vaccination will be required. Annual influenza vaccine will be required, or the volunteer will need to sign a declination and wear a mask during flu season.

In addition, all volunteers must have a tuberculin skin test before starting their volunteer service. If the skin test is positive, a confirmatory blood test will be necessary.

Parent consent is needed for any individual under 19 years of age. Guardian consent is needed for all individuals under legal guardianship.

Please indicate your consent for immunizations and testing by signing below. This includes initial immunizations/testing as well as any subsequent immunizations/testing as required or offered by the medical center, including annual influenza vaccinations.

I give permission that the applicant may volunteer at Bryan, accepting all rules, regulations and policies listed on the volunteer electronic application; and I give consent to Bryan Medical Center to conduct the necessary immunizations and testing as indicated by the Bryan policy (stated above).

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Volunteer Name (Please Print)

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Parent/Guardian Signature

(Date)