Infirmary Health
Consent for Employment and/or Health-related Tests

As an applicant for an Infirmary Health volunteer, and being under the age of 19, I understand and consent to fully participate in all health-related tests and vaccinations that are required of, and are a condition of my participation for, all Infirmary Health volunteers. I understand that these tests and vaccinations are outlined in the Drug/Chemical Free Workplace Policy and the Health Assessment Program Policy, which are applied consistently throughout Infirmary Health's workforce. The tests and vaccinations to which I am consenting may include, but are not limited to:

1. Drug and Alcohol screens (required) – breathalyzer test and urine sample
2. Health Assessment and Medical History (required) – online form
3. Tuberculin Skin Test (required) – blood draw
4. **Covid-19 vaccination (required)**. – Please submit a copy of Covid-19 vaccination record with at least the first two doses. The vaccine is available through Infirmary Health.
5. Measles, Mumps, Rubella, Varicella and Hepatitis B Vaccinations (optional)

These tests and vaccinations will be administered by the Employee Health department at either Thomas Hospital, North Baldwin Infirmary or Mobile Infirmary at no cost to me. Results of tests administered outside these Employee Health department locations will not be accepted. An appointment for health assessment may not be made until student has been accepted into the program and been provided with instructions.

I further give my permission for Infirmary Health and its affiliated organizations to release the results of such tests and vaccinations to other authorized agents as deemed necessary. I understand that these results are confidential and will not be otherwise released without my authorization. I understand that I will not be eligible to volunteer if I fail to pass the health assessment.

______________________________	______________________________
Applicant Signature	Employee Health Nurse Signature *(Thomas Hospital is responsible for this signature.)*

***************************This form must be notarized below*************************

Parental Consent

As the parent/legal guardian of the above-named Infirmary Health volunteer, I provide my consent to the requisite testing and vaccination procedures to be performed on said volunteer, which I understand are conditions of Infirmary Health volunteer participation. I understand that all tests and vaccinations are confidential in nature and may not be released to me under any circumstances. I understand that this applicant's acceptance into this program is contingent upon a required drug and alcohol screening, and if he/she does not pass them, he/she will not be accepted into the program. I certify that this applicant is current on all immunizations or will be so by the stated deadline. I understand that said volunteer will not be considered an employee, in any respect or for any purpose. This applicant has my permission to give his/her time to the Thomas Hospital Junior Volunteer program. I will support his/her efforts to abide by the hospital rules, and to be faithful and punctual in filling his/her assigned volunteer shift.

______________________________		______________________________	
Parent/Guardian Signature*	date	Notary Signature	date

**The signature of only one parent/guardian is necessary.*

This completed, signed and *notarized* form must be received by WEDNESDAY, APRIL 10, 2024.
Please submit this completed form with the online application at www.thomashospital.org or e-mail it to Melita Willkie, Manager of Volunteer Services at melita.willkie@infirmaryhealth.org.