



VOLUNTEER SERVICES
HEALTH SCREENING/PARENTAL
CONSENT FOR STUDENT VOLUNTEERS

Student Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ Today's Date: ____ / ____ / ____

Dear Parents and Students Volunteers:

Please complete both sides of this form to help us process the necessary healthcare requirements for your student's volunteer experience.

Agnesian HealthCare is required to conduct annual TB skin testing on all healthcare workers to include associates, physicians, volunteers and student volunteers. We will need your permission to do a two-step TB test on your child prior to starting their volunteer service if this is their first year in the program, or if it has been over one year since they volunteered. (Exception: proof of a negative TB test within the past year for new student. In that case, only one test will be required.) Thereafter an annual TB test will be done.

It is also essential that your child return to the hospital in 48 to 72 hours after receiving the test to have it read. When the test is given, they will be instructed to return for follow-up.

It is mandatory that all volunteers have an influenza vaccine prior to volunteering.

TB TEST & INFLUENZA VACCINE

- Yes**, I give my permission for my daughter/son to have a two-step or annual TB test as stated above.
- Yes**, I give my permission for my daughter/son to have an influenza vaccine. (See attached information)
- No**, I do not give my permission because my daughter/son has had a positive reaction skin testing in the past or contraindication to influenza vaccine.

Date of positive TB reaction ____ / ____ / ____

Negative chest X-ray Yes No

Medical treatment Yes No

IMUNIZATION RECORDS

Agnesian HealthCare requires proof of immunity to Rubella (German measles), Mumps, and Rubeola (red measles). You must provide a copy of your immunization history or a statement from your physician listing the exact two dates of your MMR vaccinations. To obtain a copy of your immunization record, you can log on to the Wisconsin Immunization Registry (WIR) to print your personal immunization history. Use the following web address: <https://www.dhfs.wisconsin.gov/immunization/registry>. If you cannot provide documentation, do you consent to a lab draw or receiving titers (lab draw) or vaccine?

- Yes**, I give my permission for my daughter/son to have a lab draw or receive the MMR vaccine.

Please complete back of form

CHICKEN POX

Agnesian HealthCare also requires documentation of the immune status of health care workers to Chicken Pox. Parents of the students are asked to complete the following questions and bring this completed form to your training day or return with your application packet. Thank you for your cooperation.

Have you had chicken pox in the past? Yes No Uncertain

Have you had shingles in the past? Yes No Uncertain

In the event of a medical emergency, I authorize Agnesian HealthCare to obtain treatment as necessary.

Allergies: _____

Current Medications: _____

Date of Last Tetanus: _____

Provider/Phone Number: _____

STUDENT COMMITMENT:

I, _____ commit to volunteering in the Summer Student Volunteer Program. I understand the commitment entails weekly volunteer service for a minimum of eleven weeks. I recognize the importance of my commitment, and promise to uphold it.

Student Signature: _____

PARENT COMMITMENT:

I hereby give permission for my son/daughter, _____

to participate in the Student Volunteer Program at Agnesian HealthCare. I will support my child with his/her commitment to Agnesian HealthCare. I promise to support this commitment by encouraging my child in this effort.

Parent/Guardian (Print) _____

Parent/Gaurdian (signature) _____

Thank you for your cooperation.
Associate Health Department

SAH 920-926-4562

RMC 920-745-3590

WMH 920-324-8413