



HEALTH CONSENT FOR MINORS

Date ____/____/____

Minor's name _____

Date of Birth ____/____/____

I acknowledge that my child has applied for work in a lab at the Medical University of South Carolina. I also understand that prior to any patient or employee contact in any building, hospital, or facility on MUSC property, my child must comply with the same health regulations as all other volunteers and employees. I understand that these health requirements mandate that my child show documentation of two (2) separate Measles, Rubella, and/or MMR immunizations given more than one (1) month apart; documentation of Varicella (Chicken Pox): history of disease OR two vaccines OR positive titer; and documentation of Tetanus or TDAP vaccine within last ten years. Tuberculosis Skin Test (TST) within 90 days prior to MUSC employment OR documentation of past positive TST (with result in millimeters of induration) and chest x-ray report. is also required.

Parent or Guardian _____ Date _____

Parent or Guardian's phone number to be called for verbal verification _____

Witness _____ Date _____