<u>Infirmary Health</u> <u>Consent for Employment and/or Health-related Tests</u>

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. Copy of Covid-19 vaccination record with at least the first two doses.

 Participants who are not vaccinated for Covid-19 are asked to complete an exemption request form.
- 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. <u>An appointment for health assessment may not be made until student has been accepted into the program and been provided with instructions.</u>

I further give my permission for Infirmary Health and its affiliated organizations to release the results of such tests and

Applicant Signature		Employee Health Nurse Signature	
		(Thomas Hospital is resp	onsible for this signature.)
**************************************	is form mus	t be notarized below***	*******
	Parenta	al Consent	
As the parent/legal guardian of the above-nand vaccination procedures to be performed volunteer participation. I understand that all me under any circumstances. I understand the drug and alcohol screening, and if he/she dethis applicant is current on all immunization be considered an employee, in any respect of Thomas Hospital Junior Volunteer program and punctual in filling his/her assigned volunteer program.	d on said volunted that this applicant the solution of pass there are not pass there are for any purpoon. I will support	eer, which I understand are connations are confidential in natural acceptance into this program, he/she will not be accepted in by the stated deadline. I understate. This applicant has my perm	ditions of Infirmary Health re and may not be released to m is contingent upon a required nto the program. I certify that and that said volunteer will not ission to give his/her time to the
Parent/Guardian Signature*	date	Notary Signature	date

This completed, signed and <u>notarized</u> form must be received by <u>WEDNESDAY, APRIL 9, 2025.</u>

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.