

Consent to Pre-Employment Medical Screening and Treatment of Minor Candidate/Co-worker

Minor Candidate/Co-worker Name: _____

Job Position: _____

Name of Parent/Legal Guardian: _____

Relationship to Minor: _____

Address: _____

Phone #: _____ Cell #: _____

I hereby consent to Mercy Co-worker Health performing a pre-employment physical on, administering vaccinations to, and providing any appropriate medical care and treatment (should any need arise during the pre-employment physical) to _____.

The pre-employment physical includes, but is not limited to, the following:

1. TSPOT Tuberculosis test – lab test
2. Drug test
3. Flu vaccine during flu season (Sept – April each year)
4. COVID-19 vaccine
5. Review of required vaccinations. Provide documentation of the following vaccinations to the Co-worker Health nurse. If documentation is not provided, lab titers will be completed via venipuncture blood drawn. For all non-immune titers, vaccines will be administered at no charge to the new co-worker.
 - a. MMR
 - b. TDAP
 - c. Hepatitis A
 - d. Hepatitis B
 - e. Varicella
6. Respiratory fit testing (N-95 mask fitting if position appropriate)
7. Vision test
8. Vital signs

Parent / Guardian Signature: _____

Date: _____

