



Date _____

As the parent or guardian of _____,
I give permission for Holy Family Memorial, to conduct pre-
employment testing upon _____ as a
condition of employment. I understand this may include a TB test,
urinary drug screen, and blood tests.

Additionally, I give Holy Family Memorial Employee Health Services
permission to administer Influenza vaccine, MMR vaccine, Hepatitis
B vaccine series, varicella vaccine and/or Tetanus boosters if they are
necessary to provide immunity.

Applicant/Employee Legal Name - Printed

Applicant/Employee Signature

Signature of Parent or Legal Guardian/Relationship