

# METHODIST HEALTHCARE SYSTEM

*"Serving Humanity to Honor God"*

7700 Floyd Curl Drive • San Antonio, Texas 78229  
(210) 575-4000

**\*\*\*\* TO BE COMPLETED BY PARENT/GUARDIAN ONLY**

Dear Parent,

The Methodist Healthcare System has a policy requiring our employees/volunteers to be immune to Rubella, (German Measles, Rubeola (Red Measles, and Varicella (Chickenpox). Because these diseases can cause complications, we require immunity as a protection to our patients.

**We are requiring the following information:**

- **TWO (2) documented (MMR vaccines, Measles, Mumps, and Rubella).**
- **Date of the last tetanus booster**
- **Please check the appropriate box to indicate if your child has had chickenpox:**  
Yes [ ] No [ ]
- **If no to above Chickenpox history, then your child will have a serologic test done to determine immunity.**

**TB (Tuberculin skin testing)** is also required and must be performed before they work. Student Volunteers (minor child) must therefore, bring with them this signed consent from their parents or guardian before screening can be done.

**\*\* TB SKIN TEST MUST BE READ 48-72 HOURS AFTER THE TEST IS GIVEN.**

**Please answer these questions in order to clear them for work/volunteer:**

1. **Has your child ever had a positive TB skin test?** Yes [ ] No [ ]
2. **Has your child ever taken or presently taking Immune Suppressant therapy? (i.e. Steroids)** Yes [ ] No [ ]
3. **Has your child ever had a reaction to any type of immunization?** Yes [ ] No [ ]

**\*Please have your child bring copies of above required immunization when they present to Employee Health for their skin test.**

.....  
**CONSENT**

I/we, THE UNDERSIGNED, \_\_\_\_\_ and \_\_\_\_\_  
Is/are the parents (s) guardian (s) of \_\_\_\_\_, a minor, who has applied for the volunteer program with the Methodist Healthcare System. We understand that in conjunction with pre-screening procedures, The Methodist Healthcare System has requested that \_\_\_\_\_ Submit to the Tuberculin skin testing procedure, and blood titers drawn for rubella, rubeola, and varicella (if proof of immunity for rubella, rubeola, and varicella (chickenpox) is not available). On behalf of the minor child, we hereby consent to the administration of the Tuberculin skin test and for the rubella, rubeola, and varicella titers if necessary.

_____ Parent/Guardian	_____ Date	_____ Parent/Guardian	_____ Date
_____ Home Phone	_____	_____ Home Phone	_____
_____ Work Phone	_____	_____ Work Phone	_____