



To Whom It My Concern:

In order to be eligible to volunteer at Mt. Ascutney Hospital and Health Center all participants must provide proof of current influenza immunization or receive the influenza vaccine. Tuberculosis screening is also required. If _____ is under 18, please sign the following consent form giving your permission to have pre-volunteer vaccination and screening administered if needed.

Thank you in advance for your cooperation in this matter. If you have questions please feel free to contact me.

Margaret W. Worth, RN CPHQ
Infection Prevention/Quality Assurance Nurse

802-674-7113

I _____, give my permission for _____
to have pre-volunteer vaccination and screening done as required at Mt. Ascutney Hospital and
Health Center.

Signature of Parent/Guardian

Date

Relationship to Minor