

CONSENT FOR MINOR CHILDREN TO PARTICIPATE IN VIRGINIA TECH'S OCCUPATIONAL HEALTH ASSURANCE PROGRAM

Virginia Tech's Occupational Health Assurance Program provides medical services for persons who are exposed to health hazards regulated by the Occupational Health and Safety Administration and other authorities, or who work with animals and/or potentially infectious materials including toxins of biological origin, unfixed tissue and microorganisms. Participation in this program requires submission of a basic medical history including vaccination status. It will be used in conjunction with individual protocol risk assessments to evaluate appropriate medical service's needs (which may include, but are not limited to vaccinations, hearing tests, pulmonary function tests and evaluation by the Occupational Physician), and to determine appropriate individual personal protective equipment (PPE) needs.

I, _____, parent or legal guardian of _____, do hereby consent to my child completing the medical survey and obtaining any medical services recommended by the Occupational Physician. If vaccinations are recommended for my child, I will be notified in advance to provide my written authorization for the vaccines to be administered.

This authorization is effective from _____ to _____.

Signature of Parent or Legal Guardian

Date:

Witness Signature

Witness Name (please print)