



To the parent of \_\_\_\_\_

Your son/daughter is a candidate for employment at \_\_\_\_\_. All employees at Care New England are considered healthcare workers and new candidates are required to undergo a pre-employment screening process at one of our Occupational Health Offices. This screening by a practitioner includes an assessment of their immunization history and their ability to perform their job functions. This by no means includes a complete medical examination.

Care New England and the Rhode Island Department of Health require certain communicable disease screening and testing for all healthcare workers prior to employment in Rhode Island-licensed healthcare facilities. You may provide Occupational Health with medical documentation from your child's pediatrician which we will review.

Acceptable medical documentation of immunization or immunity includes the day, month, year and type/name of each dose/test, signed by the practitioner. Examples include an official immunization record card, medical passport, laboratory result, or other official medical record. For TB skin testing documentation also includes reaction size in millimeters, or an actual copy of the laboratory test result from a blood assay.

Since he/she is under the age of 18, we would like your permission to complete the pre-employment screening process. During the pre-employment screening process there may be occasion where we must administer immunizations to order to make them compliant with current regulations.

Date: \_\_\_\_\_

Occupational Health Office Representative

I acknowledge the above information and give permission for my son/daughter, \_\_\_\_\_ to have a pre-employment screening process including laboratory tests and immunizations, and to be provided with such treatments as are normally given to other employees during the pre-screening process.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_