



Date:

To:

From: Employee Health Services at Nationwide Children's Hospital

Subject: Immunization and Tuberculosis Testing Requirements

I understand that your son/daughter (name) \_\_\_\_\_,  
(DOB) \_\_\_\_/\_\_\_\_/\_\_\_\_\_, has been employed to work in the (location)  
\_\_\_\_\_ department at Nationwide Children's Hospital.

Since his/her employment is in a healthcare institution, there are regulations and policies related to immunizations for employees to protect the employee from contracting infectious diseases and also to protect our patients from contracting infectious diseases from employees.

Since your son/daughter is a minor, Employee Health needs your consent to administer Tetanus/Diphtheria/Pertussis vaccine, Flu, Varicella (Chickenpox) vaccine, MMR (Measles, Mumps, Rubella) vaccine, Hepatitis B vaccines if needed or allow us to draw blood for these mentioned vaccine antibody levels. Please fill out the attached Medical History form and provide us with any immunization records.

It is also a Federal mandate and a Nationwide Children's Hospital policy that all employees be tested for Tuberculosis, including performing a chest x-ray if needed.

Please provide consent by signing the bottom of this memo for us to administer the necessary tests and/or immunizations listed above.

If you have any questions or need further information please call Employee Health Services at 614-355-4135.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date