



**2015 Junior Volunteer Program
Medical Information Form**

_____ has my permission to participate
(Junior Volunteer)

in the two-step TB skin testing program as required by Woman's Hospital.

My child **HAS/HAS NOT** (*circle one*) had chickenpox.

My Child **HAS/HAS NOT** (*circle one*) been immunized against chickenpox.

If your child has not had the disease, nor been immunized against the disease, please report an exposure to chickenpox immediately to Pam Parker, 225-924-8156.

Signature of Parent or Guardian

Date