



Parental Consent Form

Minor's Name: _____

Please Print

Permission is hereby granted for my minor child named above to receive the following health exams as required by Medical City Fort Worth:

- Yearly PPD TB Skin Test
- Lab testing of blood following occupational exposure
- Background check
- Urinalysis for Drug Screen
- Yearly Influenza Shot
- Lab titers (current immunization records will be accepted in lieu of this, but must be presented in advance)

Signature of Parent or Guardian

Date

900 Eighth Avenue ~ Fort Worth, Texas ~ 817-347-5846

www.medicalcityhealth.com