



Aspirus Employee Health  
333 Pine Ridge Blvd  
Suite 221  
715-847-2785

**PERMISSION SLIP FOR MINOR EMPLOYEES**

(Please bring this signed form into your first Employee Health appointment)

I, \_\_\_\_\_, do hereby give permission  
for my daughter / son, \_\_\_\_\_, to have the  
necessary laboratory, x-rays, physical, urine drug screen and other tests as needed  
for employment at Aspirus.

Testing may include 2-step TB skin testing, laboratory test for measles, mumps, rubella  
and chicken pox. Follow up vaccines will require individual consent.

The above testing requirements follow hospital policy based on Center for Disease  
Control and Joint Commission standards.

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Parent or guardian (signature)

Date