PARENTAL CONSENT FORM FOR VA FEDERAL FINGERPRINT CHECK AND PRE-EMPLOYMENT HEALTH EVALUATION

I, ________________________________, give my parental consent for the Portland VA Medical Center, Human Resources Management Service, to perform a federal fingerprint check and a pre-employment health evaluation on ________________________________, a minor Without Compensation (WOC) appointee at the PVAMC.

The results of the fingerprint check will allow the minor Without Compensation (WOC) appointee to receive computer access privileges in order fulfill the duties which they may be assigned by their supervisor. Successful completion of the pre-employment health evaluation is necessary before a Without Compensation (WOC) appointment will be granted.

______________________________  ________________________________
Parent/Guardian Signature       Date