

Attachment #5: New Volunteer- Consent and Authorization to Treat Form.

Name (Please Print): _____ Date of Birth: _____

- I hereby give my consent for diagnostic testing and a physical examination to evaluate my suitability for Volunteering within RWJBH. I understand that this exam and subsequent exams are to determine my Volunteer placement and continued Volunteer status and not intended to take the place of personal medical care. Additionally, these tests/exams should not be considered complete health assessments; for that I must contact my personal physician.
- I further consent to diagnostic testing, exam, and/or treatment for any injury or illness that occurs in relationship to my Volunteering, or for any other conditions for which I seek care in the Corporate Care/Employee Health Department.
- I understand that my medical records will be maintained in a confidential manner. If I transfer to an alternate site within RWJBH, I agree that my Volunteer medical records may be transferred to the Corporate Care/Employee Health Department responsible for the site at which I am Volunteering.
- My responses to any Volunteer Medical History Record Questionnaire will be used to evaluate suitability for Volunteering and/or whether a reasonable accommodation for any disability will be needed.
- I understand that it is important to provide all medical information to the best of my knowledge. If there is information I am uncertain of in this Volunteer application to this request, I must discuss it with a representative from Corporate Care/Employee Health Department. Omitting information or providing false information on the medical history form is grounds for withdrawal or termination of Volunteer assignments.
- The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Volunteer Signature Date

For MINORS (Less than 18 years old; e.g. anyone who is 14-17 years old):

Parent/Guardian Signature Parent/Guardian Printed Name Date

Witness Signature Date

() I have received and read this Consent and Authorization to Treat Form and do NOT provide consent for diagnostic testing, examination, treatment; as a result, I understand my Volunteer Application may be denied.

Volunteer or Parent/Guardian Signature Date