



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
3710 Southwest US Veterans Hospital Road  
Portland OR 97239-2964



In Reply Refer To: P4HRMS

**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