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PRE-PLACEMENT PHYSICAL EXAM POLICY

NOTICE TO CANDIDATES FOR EMPLOYMENT WITH THE COMPANY

It is the policy of _____ to hire only the highest quality, most appropriately qualified, individuals to fill positions in our Company. As part of _____'s employment procedures, an applicant is required to undergo a pre-employment medical examination that will be conducted by a physician designated by _____. Any offer of employment that an applicant receives from _____ is contingent upon, among other things, satisfactory completion of this examination and a determination by _____ and its examining physicians that the applicant is capable of performing the essential functions of the position that has been offered, with or without reasonable accommodation.

After you have carefully read the following statement, please sign and date the notice and consent form to acknowledge your understanding of our process.

**PRE-PLACEMENT PHYSICAL EXAM
POLICY NOTICE AND CONSENT FORM**

By signing this form, I, _____, hereby consent to the physical examination by _____. In connection with my physical examination, I understand that I may be required to provide _____ with access to my medical records if requested. In addition, I understand that _____ will receive a full medical report from its examining physicians regarding my state of health.

The physical exam will be conducted after I sign this notice and consent form. If I refuse to submit to the exam, the Company will withdraw my conditional offer of employment.

Date

Applicant's Signature

Applicant's Printed Name