



Employment Medical Consent Form

Employee Name:

Phone Number :

Address :

Blood Group :

I, Arjun Krishna K, hereby acknowledge and consent to the following:

1. Medical Report Release: I freely and voluntarily give my consent to the release of the following medical reports to Cydez Technologies:

- Sugar Test Results(FBS)
- Blood Pressure Readings
- Cholesterol Level Report

2. Confidentiality: I trust that Cydez Technologies will handle this information with the utmost care and security, in accordance with all applicable privacy laws and regulations.

3. Authorization: I understand that this information is being released solely for the purpose of pre-employment medical verification at Cydez Technologies.

I have no reservations about providing the aforementioned medical reports to Cydez Technologies to complete their pre-employment medical verification process.

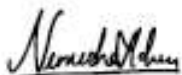
NB: All payment for medical test will be reimbursed on your 3rd month salary, maximum up to Rs. 1000/-.

Date: 28/12/2024

Signature: _____



Name : Arjun Krishna K



Nimisha Mohan

HR Manager

