



Pre-Employment Medical Screening Consent Agreement

I understand that as part of its employment screening and health and wellness program, this organization requests that I undergo a medical examination and maintains health records detailing my health status which are derived from the medical examination and test results.

I understand that this test serves as:

- A source of information for the organization's employee health records and assesses only current health status.
- A means of identifying accurately specific physical capacities required for the job
- Identifies the types of services/facilities (accommodations) that could be used to assist people who might require this to carry out the job (where applicable)
- Will be maintained by the organization under strict confidentiality.

I understand this testing will include the following:

- Vital Check
- HIV and Hepatitis B Screening
- Urine Analysis
- Chest X-ray
- FBC
- Genotype
- Blood Group
- Visual Acuity
- Pregnancy Test (Blood) – for female only

I understand and have been provided with a complete description of pre-employment medical screening coverage.

I understand that I have the right to review the descriptions prior to signing this consent.

I understand that I have the right to object to the inappropriate use of my health information and the right to request restrictions as to how my health information may be used or disclosed by the organization.

☐ I request the following restrictions to the use or disclosure of my health information.

☐ I consent to a medical examination

☐ I do not consent

Name

Signature

Date