

Employee Consent to Medical Examination

In the interest of safety in the workplace, certain employees of this company will be required to take submit to a medical examination, which will be fully paid for by the company.

The undersigned employee has been fully informed of the reasons for such medical examination and of the procedure that is involved in the examination.

The undersigned employee fully and freely consents to the required medical examination for the following company:_____.

In addition, the undersigned understands that the results of this examination will become a permanent part of his or her personnel file and that negative results of this examination may result in the termination of employment with this company. Finally, if the results of this examination are negative, the employee understands that he or she will be given an opportunity to explain the results of this examination.

The undersigned employee indemnifies, releases, forever discharges and agrees to hold the above-named employer, and any agents and/or employees or employer harmless from any and all claims, demands, judgements, and legal fees resulting or arising from any such examination, its results, and any lawful use of such results.

Signature of Employee _____ Date _____

Printed Name of Employee _____

Social Security Number of Employee _____

Signature of Witness _____ Date _____

Printed Name of Witness _____

Employee: Please keep a copy of this form for your records.