I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I have received an offer of employment dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with [Name of Company] that is contingent upon receipt of the results of a physical examination designed solely to determine my physical fitness to perform the duties of the position that I have been offered.

Accordingly, I voluntarily consent to a physical examination conducted at the request of and paid for by [Name of Company]. I understand that I will receive a copy of the written examination and that I may also provide the examiner with additional information related to my ability to perform the duties of the position. I understand that I may ask questions of the examiner and may also stop the examination at any time.

I understand that if I fail to complete the examination or do not authorize the results to be released to [Name of Company] within two calendar weeks (14 days) of the date of the conditional job offer, the job offer will be withdrawn.

Agreed to by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Employee)

Employee's printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_