

**McLeod**  
Occupational Health

**Consent for Post Offer/ Pre-employment/ Return to Duty Testing  
and Release of Information**

**Applicant Name:** \_\_\_\_\_

This screening is and evaluation of your ability to perform the physical tasks required by the job offered. This screening will test your flexibility, strength, and material handling skills. The evaluator will explain each of the work activities before you perform them.

**1. Consent for Post Offer/ Pre-Employment/ Return to Duty Testing**

I hereby consent and agree to undergo testing today to objectively assess my ability to perform certain physically demanding tasks that will be required as part of your employment. I understand that the screen today will require me to answer several questions regarding my physical capabilities and will also require me to perform a number of tasks and exercises while being observed by one or more healthcare professionals who will evaluate my physical abilities. (Work Specific)

**2. Consent to Release Information**

I hereby consent and agree that any information obtained in connection with this Screening may be disclosed to City of Florence. This information Is being disclosed for the purpose of determining my ability to perform certain tasks as part of my employment. I understand that the healthcare professionals conducting the testing will release the results of this test to: City of Florence, Medical and Human Resources departments.

**3. Agreement to Hold McLeod Health Harmless Against Injury**

I do hereby release and discharge McLeod Health and all related entities, their servants and /agents, including but not limited to any attending physicians, healthcare professionals or others associated with administration, reporting, conducting or coordination of this screening/test from all claims, demands, suits, actions and cause of actions which I have or may have by reason of any matter or from any and all liability claims for personal injury to myself , or any claim the information should or should not have been reported to the McLeod Health or any other entity. This consent and release will not be made the basis of any future claim of any kind against McLeod Health, any of their agencies, departments, or divisions.

I acknowledge by signing below that I have seen a copy of the Screening/testing tool that I am about to take. Based on my current physical condition and my past medical history, I will be able to participate in the test/screening without injuring myself. Having been fully informed, I freely and voluntarily sign below.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Witness Signature

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