



PRE-EMPLOYMENT HEALTH REPORT

PHYSICAL EXAMINATION: Date _____ Time _____

NAME _____

DEPARTMENT _____ POSTION _____

I, _____, agree to cooperate and submit to a physical examination and required immunizations before being employed by the City of Taft. I further understand that employment depends upon the final results of the physical examination.

I hereby authorize any hospital, physician, or other person who has attended me or examined me to furnish the City of Taft or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

I shall truthfully answer all questions asked me by the examining physician or the attending nurse regarding my physical condition.

A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNED _____

DATED _____

DATE _____ TIME _____

WITNESS _____