

MEDICAL RELEASE FOR PRE-EMPLOYMENT PHYSICAL EXAMINATION
(COMPLETION REQUIRED FOR CANDIDATES UNDER AGE 18 ONLY)

Candidate's Name (Last, First, Middle)

This is to certify that I am the parent or guardian of the job candidate listed above and that I do hereby consent to the performance of a pre-employment physical examination of the candidate. I understand that this physical examination is not for diagnostic or treatment purposes and that the candidate and I should not rely upon passing the examination as proof that the candidate is in good health or free from disease. I also understand that the results of this examination may not be used as a substitute for examination for other purposes such as insurance coverage or licensure.

Name of Parent or Guardian (please PRINT)

Date

Signature of Parent or Guardian

Relationship to Applicant