

# Cornerstone Baptist Academy

1210 East 62<sup>nd</sup> Street

Chicago, IL 60637

[www.cornerstonebaptistchicago.com](http://www.cornerstonebaptistchicago.com)



## Employer's Authorization and Consent for Medical Examination

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent to conduct, and express my willingness to undergo, a physical examination, TB testing and/or drug/alcohol screening as requested by my employer.

I also consent to the release of the results of the physical examination to my employer. I agree to provide and consent to the collection of a urine sample from me. I also understand and agree that this urine sample will be used to detect the presence of illegal narcotics, marijuana, and other drugs, or alcohol, as well as signs of abuse of legally prescribed drugs or alcohol.

I expressly and fully consent to the release to my employer of all my medical records related to the physical examination, TB testing and all drug/alcohol test results, that contain relevant information about my fitness and ability to perform the essential functions of the position I have applied for with my employer.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

(Signature) \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

Employer:  
\_\_\_\_\_