

Texas Hills Urgent Care Centers  
Marble Falls – Bee Cave – Cedar Park

## Consent for Work Related Physical

I, \_\_\_\_\_, consent to a pre-employment physical for \_\_\_\_\_, Company. I also understand that the results of the physical are considered as part of my employment, including being rejected as a candidate for employment or promotion. I understand what the physical consists of, testing involved, and I freely give my consent.

Further, I freely and willingly consent to the disclosure of my medical records to the management of the Company and any of its representatives for use in internal communications. I herein, voluntarily release fully and forever discharge the Company, any of its representatives, and laboratory or any facility and their representatives, which performs analyses, from any claim or liability arising from such tests, including but not limited to the testing procedure, the analysis, the accuracy of the analysis or the disclosure of its results. I understand that the physical/medical record will become part of my employment record with the above said company.

I also release from liability the Texas Hills Urgent Care Centers, its staff and physicians, because of any repercussions that may occur from results of the physical.

I certify that I have accurately provided all requested information on this form and any physical form provided today. I understand that any inaccuracies or omissions, willful or unintentional is grounds for disciplinary action up to and including termination of employment or being denied employment at this company.

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Signature of Person Taking Physical

Date