



The undersigned understands that the Personnel Department will be informed of his/her medical fitness for employment. In addition, a copy of these records will be released to the employer for their records. The signature below acknowledges that the applicant has read and understands the foregoing statement and has answered the questions truthfully. Incorrect, false or omitted information may result in employment status re-evaluation and/or dismissal.

Signature: \_\_\_\_\_ Date: Mo: \_\_\_\_\_/Day: \_\_\_\_\_/Year: \_\_\_\_\_

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**Memorial Prompt Care Medical Group, Inc.**

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