

OGEMAW COUNTY CLERK

Breck L. Gildner

TRACY L. TURNER
CHIEF DEPUTY COUNTY CLERK

COUNTY OF OGEMAW
34th JUDICIAL CIRCUIT

Pre-Employment Physical Examination Consent and Release Form

I, _____, hereby give my consent and express my willingness to undergo a physical examination as requested by Ogemaw County. I also consent to the release of the results of the physical examination to Ogemaw County. Since I understand that this physical examination also includes a drug test, I am also consenting to the collection of a urine sample from me by Ogemaw County's designated physician or testing representative, which is sent to a laboratory. I also understand that this laboratory conducts screening tests on this urine sample to detect the presence of illegal narcotics, including marijuana and other drugs, as well as signs of abuse of legal drugs. I consent to the release to Ogemaw County of all my medical records related to the physical examination or drug test that contain relevant information about my fitness and ability to perform the essential functions of the position I have applied for.

I acknowledge that the conditional offer of employment I have received is contingent on my satisfactory completion of this physical examination and that if the results of the examination indicate that I cannot physically perform the essential functions of the position I have been offered, with or without a reasonable accommodation, the conditional offer is revoked and I no longer will be considered a qualified candidate for employment.

In exchange for Ogemaw County's contingent job offer and consideration of my bid for employment, I agree to release and discharge Ogemaw County and any of its designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability arising out of or related to any physical or medical examination or the results of such examinations or test that I have been asked to undergo by Ogemaw County.

I also hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against Ogemaw County or any of its employees, representatives, or agents arising out of their activities or actions performed in connection with these physical or medical examinations.

Signed: _____

Date: _____

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You have signed the **Pre-Employment Physical Release Form**.

We will send over the authorization to bill us. You will need to make your appointment.

Please call Mid Michigan Health – Urgent Care, West Branch, 640 Court St at
989-345-8130 and schedule this appointment at your earliest convenience.

Thank you,

Tracy L Turner