

**CONSENT TO PHYSICAL EXAMINATION, BLOOD AND/OR  
URINE ANALYSIS AND AUTHORIZATION  
FOR RELEASE OF RESULTS**

I, \_\_\_\_\_, agree to undergo a physical examination and a blood and/or urine analysis conducted by qualified medical providers selected by Methodist Le Bonheur Healthcare (“MLH”) for the purpose of pre-employment health screening.

I authorize such medical providers to release the results of my physical examination and blood and/or urine analysis to the MLH Associate Health Department and hereby release any such medical providers from all liability associated with the release of this information to MLH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date