
Agency Name

RECORD OF OFFER OF PHYSICAL EXAMINATION TO TITLE V ENROLLEE

I, _____
(Title V Enrollee)

understand that, as a service to me, _____ is offering to pay for all or part of the cost of a physical examination. The results of the examination are my property, to share with the program director only if I so choose. I also understand that there may be some assignments which under law require health certification, and that I may be excluded from these if I do not have a physical examination.

Understanding these conditions fully, I choose

☐ YES, to have a physical examination, or

☐ NO, to waive a physical examination.

Signature of Enrollee

Date

Signature of Program Director

Date