



## MASSACHUSETTS STATE POLICE

### **CONSENT TO PHYSICAL EXAM and/or SCREENING & RELEASE OF INFORMATION**

I hereby authorize Quadrant Health Strategies, Inc. to perform an employment-related physical examination and/or screening services. I understand that an employment-related physical examination is not meant to replace routine health care as provided by my private medical care provider and does not establish a healthcare provider/patient relationship. I also understand that the purpose of this exam is to determine if I have a condition that might limit the kind of work I can do. This exam helps the medical provider determine whether the job I will be doing or currently do poses special risks to me, fellow workers, or the public. I understand an employment-related examination is often times not a complete evaluation. If the screening/treatment requires a blood sample or injection, I understand certain risks are present with these types of invasive procedures. It is common to experience minor temporary reactions, including slight bruising or swelling. There may be infrequent low risk of a local infection where the needle pierces the skin. Other non-serious reactions may include headaches, or a feeling of light headedness or dizziness.

#### **Consent for Substance Abuse Testing:** *(not applicable for DOT testing)*

If my employer's protocol requires Non-DOT substance abuse testing (drug and/or alcohol) as part of this examination, I consent to taking of the specimen (urine, hair, saliva, or breath) for drug and/or alcohol screening as part of this examination.

#### **Release of Information:**

My employer and/or their designated representative will receive a copy of:

- My work capabilities on our Medical Clearance Form
- Physical Exam medical record including health history & physical exam forms
- Reports reflecting screenings that are performed (i.e. audiogram, PFT, vaccines, immune response titers, x-ray)
- The driver fitness exam medical examination report form in addition to the medical certificate card
- Results of my drug and/or alcohol testing

**If you have any questions about what will be released, please speak with the Provider so that they may review the process with you.**

**I have read this consent form, understand it, and all of my questions have been answered to my satisfaction.**

**By signing below, I acknowledge that I have read and understand this authorization form and that I have received a copy of Quadrant Health Strategies, Inc.'s Notice of Privacy Practices**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian if under age 18 (specify relationship)

\_\_\_\_\_  
Date