

Medical Release

I, _____, hereby authorize TEK Occupational Services, Inc.,
(your name)

to perform a pre-employment medical examination as required by the Town of

Beekman Recreation & Parks, and to release the results of said examination and

and/or testing, including drug and alcohol testing, to the Town of Beekman

Recreation Department.

Please initial if applicable:

____ TEK may leave results on my voicemail at (____)_____.

____ TEK may leave results with my parent/spouse.

Signature

Date

Signature of parent (if minor)

Date