

Employee Consent Form for Medical Examination

An **employee consent form** for medical examination ensures that employees provide voluntary permission for health assessments required by the employer. This form outlines the scope of the examination and protects both parties by documenting informed consent. It is a crucial part of workplace health and safety protocols.

Employee Information

Full Name:

Employee ID:

Department:

Position:

Consent Details

I hereby consent to undergo a medical examination as required by my employer, **[Employer Name]**. I understand that the purpose of this examination is to assess my fitness for work and to comply with occupational health and safety regulations. I acknowledge that all information obtained will be treated as confidential and handled according to applicable privacy laws.

☐ I give my voluntary consent for the medical examination.

Date:

Signature:

Submit

Note: Please contact the Human Resources Department for further information or if you have any concerns about this medical examination and your rights.