



## Senior Community Service Employment Program (SCSEP)

### Record of Annual Offer of Physical Examination

I,

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(Name of job seeker)

understand that as a benefit to me, the SCSEP 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 project director only if I so choose. I also understand that there may be some Community Service 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

- to accept the offer of a physical examination; or
- to waive a physical examination

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(Signature of job seeker)

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(Date)

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(Signature of Project Director)

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(Date)