



**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Finance and Administrative Services Department**  
**Human Resources Division**  
**MEDICAL EXAM APPOINTMENT, CONFIRMATION & CONSENT**  
**FOR MINORS**

Candidate Full Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Time: \_\_\_\_\_

**CANDIDATE'S MEDICAL EXAM ACKNOWLEDGEMENT, CONFIRMATION & CONSENT**

I give my voluntary consent to be medically examined and provide a sample of my urine and or submit to a breathalyzer test (as applicable) to determine recent use of drugs, alcohol, or controlled substances. I understand that I may have to submit to a search or be witnessed at the time the urine specimen or breathalyzer (as applicable) is collected to ensure that the specimen collected is mine. I also understand that any additional personal medical treatment that may be indicated by the examination and tests will be at my own expense. Further, I release Broward County, its officers, agents and employees from any liability whatsoever in connection with the results of such a medical examination and testing.

My signature below confirms that I have voluntarily consented to undergo a medical examination and drug screening prior to beginning actual employment with the Board of County Commissioners. Depending on the position for which I am applying, failing to complete the medical examination and drug screening may result in my application not being processed further.

SIGN ►

Date: \_\_\_\_\_

Candidate's Signature

**IF CANDIDATE IS UNDER 18 YEARS OF AGE – YOU MUST COMPLETE THIS SECTION**

Name of Parent/Guardian	Parent/Guardian Phone	Name of Witness	Witness Phone
_____	_____	_____	_____
Parent/Guardian Signature	Date	Witness Signature	Date

**POST-OFFER EMPLOYMENT PHYSICALS**

Place of Exam:

**Please follow these instructions:**

**Associates MD of Broward**  
Cypress Creek Urgent Care  
2122 Northwest 62nd street  
Fort Lauderdale, FL 33309  
M-F 8am-8pm  
Sat 10am-6pm  
Sun Closed

**Associates MD of Broward**  
Pembroke Pines Urgent Care  
2004 Flamingo Road  
Pembroke Pines, FL 33028  
M-F 8am-8pm  
Sat 8am-6pm  
Sun 8am-6pm

1. Contact the Human Resources Investigative Services Section at 954-357-6565 Monday – Friday between 8 a.m. and 4 p.m. to schedule your medical exam appointment. **DO NOT CONTACT THE MEDICAL FACILITY to schedule the appointment.**
2. Enter your scheduled Medical Exam's Date and Time in the fields at the top of this form.
3. Scan and save the completed and signed form. Once electronically saved, upload the form as indicated in the Medical Exam Appointment Confirmation and Consent task available from your Onboarding checklist.
4. Bring photo identification, e.g., driver's license with you to your exam.
5. Unless otherwise specified, you may eat and/or drink before your appointment time.
6. If you normally wear glasses/contacts, hearing aids or other type of physical aid, please wear them to the examination office.
7. If you have taken over-the-counter and/or prescription medicine and/or drugs within 14 days of the date of your exam, please bring the package(s) and/or container(s) with you to the exam.
8. If T.B. testing is required, you must return to the location of the exam within 48-72 hours to have the test results read.
9. The exam will take approximately two and one-half (2½) hours to complete. If you are unable to keep your appointment, you must notify the Human Resources Investigative Services Section.