



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

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

Job Title: \_\_\_\_\_ Department/Division \_\_\_\_\_  
Agency/Office: \_\_\_\_\_

HR Representative \_\_\_\_\_  
Name: \_\_\_\_\_

HR Representative \_\_\_\_\_  
Phone: \_\_\_\_\_

Hiring Manager \_\_\_\_\_  
Name: \_\_\_\_\_

Hiring Manager \_\_\_\_\_  
Phone: \_\_\_\_\_

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**

\_\_\_\_\_  
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  
954-353-3180  
M-F 8am-8pm  
Sat 10am-6pm  
Sun Closed

**Associates MD of Broward**

Pembroke Pines Urgent Care  
2004 Flamingo Road  
Pembroke Pines, FL 33028  
954-450-8500  
M-F 8am-8pm  
Sat 8am-6pm  
Sun 8am-6pm

1. Bring photo identification, e.g., driver's license and this confirmation with you to your exam.
2. Unless otherwise specified, you may eat and/or drink before your appointment time.
3. If you normally wear glasses/contacts, hearing aids or other type of physical aid, please wear them to the examination office.
4. 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.
5. 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.
6. 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 Agency Contact that scheduled the appointment.