



Medical Fitness-Authorization by Employee Exhibit

TO: (Medical Practitioner)

I hereby consent to having the information as outlined in the Medical Practitioner's Report, requested under Policy E.1.G, Medical Fitness, provided to the Director/Principal at Southeast Collegiate.

(Employee Signature) _____

(Date) _____

(Witness) _____

(Date) _____

Adoption Date: August 21/12	Revision Date:N/C
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