



Medical Fitness-Authorization by Employee Exhibit

TO: _____

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 Name _____

Employee Signature _____

Date _____

Witness Name _____

Witness Signature _____

Date _____

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