

# Consent for Physical Fitness Assessment, Auditing, & Record Release

**Prior to any testing today, you must read and sign the following:**

I authorize the performance of various tests of my physical fitness such as push-ups, sit-ups, strength testing, body fat percentage, and running on a treadmill. I understand that these tests are strenuous, and that I may decline any test that I feel is not safe for me to perform. However, I understand that such declination may impact whether I qualify for the bonus.

I understand that the treadmill running will be done without cardiac (ECG) monitoring unless I have recently had cardiac symptoms with exercise such as exercise-related chest, arm, or neck pain, chest tightness, light-headedness, or irregular heart rate. I must inform the clinic staff of these symptoms before starting the treadmill run.

\_\_\_\_ (Initials)

I authorize the clinic to release my physical fitness test results to the Fire Department for the purposes of determining my eligibility for the bonus, and to assess the effectiveness of the Fitness-For-Life program.

I further authorize the clinic to allow the County to conduct an on-site audit of any testing conducted today for the following purposes:

- 1) To ensure that the County was accurately billed for services delivered, and
- 2) To ensure accurate reporting of my physical fitness test results to the Fire Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**If you wish to have a DMV, HAZMAT, or SCUBA done today, you must read and sign the following:**

I understand that having a DMV, HAZMAT, or SCUBA exam today will necessitate that all testing results and medical information from today be forwarded to the C.E.O. Occupational Health Programs (OHP) as one complete file.

To avoid this release, I understand that I could request that the Fire Department schedule me for a "stand-alone" DMV, HAZMAT, or SCUBA at a later date. Another alternative would be to have my private health care provider perform a DMV exam at a later date. However, I understand that this decision must be made now before any medical testing begins.

My signature below gives permission to the clinic to release to the OHP all testing results and medical information related to my visit today. This permission expires one year from the date below.

\_\_\_\_\_  
Signature

Privacy of Medical Information: Medical information released to the OHP is kept confidential. If a work restriction is imposed, the Fire Department will be provided with your work restrictions only. Under California Civil Code, Section 56.20-56.245, there are certain State and/or Federal laws under which any health care provider and/or keeper of medical information can be compelled once notified in writing to disclose your medical information without your specific written authorization. The information may be disclosed if it is compelled by a judicial or executive process, such as a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and employee are parties. Adjudication of claims under the California Workers Compensation law or the adjudication of benefits by LACERA are two examples of these processes.