



City of Seattle

EMPLOYEE ACKNOWLEDGMENT AND MEDICAL RELEASE FOR FIT FOR DUTY EXAMINATION

Employee's Name (Last, First, MI) <i>Monroe, Aloncity</i>	Department <i>SPOT</i>	Job Title <i>Admin Spec 1</i>	Date <i>2/8/13</i>
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EMPLOYEE ACKNOWLEDGMENT AND MEDICAL RELEASE

I understand that I have been directed to undergo a FIT FOR DUTY EXAMINATION to evaluate my ability to perform my work duties with reasonable skill or safety. *I further understand that the examining physician will decide on the appropriate medical tests to be performed during this examination based upon information submitted by my supervisor which has caused my employer to believe that I might not be fit for duty.* The medical professional may require that I provide a urine specimen and a breath sample to be used in testing for the presence of drugs and/or alcohol to assist the medical professional in making a fit for duty determination.

I understand that I may be escorted to a City-designated facility for my examination and that I will be required to present a valid driver's license or photo identification. I understand that refusing to submit to this fit for duty examination, failure to provide a specimen as directed, tampering with any specimen, providing false information, or obstructing any portion of my examination constitutes insubordination which can result in my immediate removal from duty and discipline, up to and including termination from City employment.

I understand that my medical records are protected under Federal and State confidentiality regulations and cannot be disclosed without my written permission unless otherwise provided for in such regulations. I understand that I may revoke this medical release in writing at any time, except to the extent that action has been taken in reliance on it, and that, in any event, this medical release will expire 30 days from today.

By my signature, I acknowledge receipt of this directive and I consent to this Fit for Duty Examination. In addition, I authorize the release of my examination results, regarding any medical and/or psychological condition which might impair or limit my ability to perform my job with reasonable skill or safety, on a need to know basis, which may include: the City's medical review officer, my department supervisors, City personnel responsible for administering safety programs and policies, and the law department, as necessary to resolve any issues rising from the results of my examination.

Employee Signature : _____ Date/Time: _____

I understand that I have been directed to submit to a medical examination to determine whether I am fit-for-duty. I also understand that this evaluation can include testing for the presence of drugs and/or alcohol. **I REFUSE TO SUBMIT TO THIS EXAMINATION.** I understand that my refusal to submit to this examination constitutes insubordination which will subject me to discipline, up to and including termination of my employment with the City of Seattle.

Employee Signature : *A Monroe*

Date/Time: *2/8/13*

revised 6/15/98

*Requesting union representation
AS of 10:33 am.
in Admin lead.*