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Kern County Human Resources

Medical Authorization Form

Employee Name: _____ SS# _____

Employee Address: _____ Phone: _____

Employee Job Title: _____

Department: _____

Dept. Contact Name: _____ Phone: _____

Physical Exam Instructions

A physical examination has been scheduled for you, at County expense, at the time and location indicated below. The physical examination is a part of the selection procedure; therefore, you must pass this examination before your offer of employment may be confirmed.

Every effort should be made to keep this appointment, however if you find that it is impossible to do so, please contact the County department that scheduled the appointment.

Prior to reporting for the physical examination complete the "Personal History of Applicant" portion of the enclosed medical form(s), if provided, and take the appropriate forms, with this authorization form to the examining physician at the time of your appointment.

Test Date: Time:

Fasting rules, medications and additional preparations: Contact the medical facility at least 24 hours prior to your physical examination (during normal business hours) or see additional County Department's instructions attached if applicable.

Test Location: Test Type(s): ☐ Physical ☐ Allergy TestingPrior history of allergy to stinging insect? ☐ Yes ☐ No☐ Physical Capacity Exam (PCE)☐ Metabolic (MET Testing)☐ Medical Surveillance: Indicate Service(s) Needed Below:

(For Example: vaccines, TB, other individual testing not indicated as part of a complete physical or exam).

1. _____

2. _____

3. _____

4. _____

This form must be presented to the medical provider so that the above services may be performed. Please contact the authorizing department in the event a duplicate is needed.

Medical Authorization form Rev: 7/23/15

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