

Pre-Employment Medical Exam Waiver

I, , hereby acknowledge and confirm that I have been informed of my right to undergo a pre-employment medical examination as a condition of employment.

After due consideration, I voluntarily waive my right to a pre-employment medical exam and release the company from any liability that may arise as a result of this waiver.

I understand the implications and possible risks associated with not undergoing a pre-employment medical exam.

Signature:

Date: