



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

PHYSICAL EXAM WAIVER

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 1100 (12-2022)

Name (Last, First, MI)		Telephone Number	
Address	City	State	ZIP Code

Financial assistance for an initial and annual health screening is available. This is a benefit and is not meant to keep me from participating in the Senior Community Service Employment Program (SCSEP).

I release the Department of Health and Human Services Vocational Rehabilitation section and SCSEP from any liability resulting from my refusal to have a physical exam.

I certify that my decision to waive the physical exam is made voluntarily and of my own free will.
<input type="checkbox"/> I wish to have a physical exam.
<input type="checkbox"/> I do not wish to have a physical exam.

Applicant/Participant Signature	Date
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***State or local law or regulations may prohibit assignment to certain positions if the physical is waived.
The applicant/participant should be given a copy of this waiver.***