

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
WORKFORCE SERVICES
sdjobs.org

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
PHYSICAL EXAM WAIVER**

Last Name: _____ First: _____ M.I.: _____

Physical Address: _____
Street City State Zip

Tel: (____) ____ - _____

I have been offered a no-cost physical exam by the Senior Community Service Employment Program (SCSEP). I understand that a physical exam is offered as a benefit and is not meant to keep me from participating in the program. I release the Department of Labor and Regulation 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.

- I wish to have a physical exam.
- I do not wish to have a physical exam.

PARTICIPANT SIGNATURE

DATE

State or local law or regulations may prohibit assignment to certain positions if the physical is waived. The participant should be given a copy of this waiver.