

PRE-EMPLOYMENT MEDICAL QUALIFICATION

Attachment B to Employment Application

I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR, Part 655, as amended, I must submit to a Physical under the authority of the U.S. Department of Transportation, Federal Transit Administration.

I acknowledge and understand that my offer of employment is contingent on the passing of the aforementioned Physical and I will not be assigned to perform a safety-sensitive function unless I meet the guidelines of the Indiana Medical Qualification Program.

I understand that I need to submit my Social Security Number for an appointment to be scheduled with Public Safety Medical for the physical.

Social Security Number _____

X

Applicant Signature

X

Date