

**Straight & Narrow, Inc.**

*Catholic Charities*

*“…providing help- creating hope…”*

**Consent Form**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to Straight and Narrow, Medical**

**Name (DOB)**

**Department to conduct the following test:**

**\_\_\_ Pre-Employment Physical**

**\_\_\_ PPD/MANTOUX Test (2 test)**

**\_\_\_ Rubella, Rubeola and MUMPS**

**\_\_\_ Drug Screening (if you are taking any prescribed medications, please inform the physician)**

**The Straight and Narrow’s Medical department will be forwarding all information to Human Resources for my employee file.**

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Signature Date