



BHN Integration Medical Clearance Attestation Form

As an employee who is assigned to work in one of our partner medical site(s) you are required to comply with the policies and procedures of both BHN and the medical site(s). It is important to note there are additional expectations you are required to follow as part of the pre-employment screening process and while working at the medical site(s).

By signing this form, I am acknowledging the following:

- I have received and reviewed the Medical Clearance, Code of Conduct, Dress Code and all other expectations for the medical site(s) where I will be working.
- If I have any questions about the Policies and Procedures of the medical site(s) I will speak to my supervisor promptly.
- In order to be approved for work and/or to remain working in a medical site(s), I am required to adhere to all of the policies and procedures of the medical site(s).
- Failure to follow all of the policies and procedures of the medical site(s) may result in you not being assigned to the medical site(s), removal from the medical site(s) and/or BHN disciplinary action.
- If you are removed from the medical site(s), BHN cannot ensure that you will be able to receive another position at BHN.
- These expectations are subject to change at the discretion of the medical site(s).

Staff Name (printed)

Date

Staff Signature