

## **“At Risk” Disclosure Statement**

This disclosure statement is to inform you that the medical information you provide may be shared with your department, Employee Health Management, Michigan Rehabilitation Services/Accommodations Center, Department of Information Technology or any third party service provider for the purpose of addressing your ergonomic evaluation request.

The medical information you provide and related documentation is necessary to clarify and expedite the ergonomic evaluation, and will be handled in a confidential manner.

I have read and acknowledged that my medical information will be shared strictly for the purpose of my ergonomic evaluation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_