

JOB PERFORMANCE STATEMENT

I, _____, declare that I do not have an existing physical problem that would prevent me from performing my job duties in a safe and efficient manner. If I develop any physical difficulty in performing my job duties in a safe and efficient manner, I will immediately notify my supervisor.

SIGNATURE

DATE

WITNESS

I understand that if I knowingly and willfully conceal or make a false representation about the above given information I shall be entitled to no future compensation benefits.

SIGNATURE

DATE

WITNESS