



**CONSENT for RELEASE of  
DOT PHYSICAL EXAMINATION RECORDS**

This is to certify that I, \_\_\_\_\_, agree to participate in the DOT mandated physical examination program sponsored by my employer, The Pepsi Beverages Company.

This evaluation will include a medical history questionnaire and a physical examination. I understand that a copy of the DOT card will routinely be provided to PBC management.

Additionally, I understand that a full copy of the DOT Medical Evaluation form **MAY** be provided to PBC management, upon request. Any other release of information must be authorized by me in advance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date