

# Reclamation Manual

## Directives and Standards

U.S. Department of the Interior  
Bureau of Reclamation  
Human Resource Policy



### Wellness Program Medical Screening Questionnaire Appendix B

#### Medical Screening Questionnaire

This form is required for enrollment in the Reclamation Wellness/Fitness Program.

Employee's Name:

- I certify that I do not have any medical conditions or potential health risks and am medically able to participate in the requested wellness/fitness activities:
- I certify that if I do have a medical condition or potential health risks that may prevent me from safely performing the requested wellness/fitness activities, I have obtained consultation with my physician to participate.

Employee Signature

Date