

Statement of Understanding

I, _____, choose to accept this offer of employment as a
_____ with the Department of Veterans Affairs, New England Healthcare System on a
WOC/Fee Basis Appointment. I further understand and acknowledge the conditions below:

PRE-EMPLOYMENT PHYSICAL: Pre-employment physical examinations are required but waived for up to 12 months from the date of hire.

- I understand that there are medical standards and/or physical requirements associated with this position and assignment.
- I will be scheduled to report for a medical examination, and to provide an occupational history and immunization status at a later date, to be determined by the agency.
- I will still be required to report to the employee occupational health (EOH) unit for a tuberculosis screening prior to beginning my employment, if required to work at a Veterans Healthcare facility.
- I understand that upon future notification to report for a medical examination, I must successfully demonstrate that I meet the minimum physical requirements identified for my position, which is considered a condition of my employment.
- Failure to pass the physical examination will result in termination of my employment with the Department of Veterans Affairs.
- If my position requires a pre-employment drug testing, it will be scheduled by an HR Specialist at a later date as soon as practicable, but no later than 90 calendar days from the date of my appointment.

Note: Signature on the Memorandum, "Drug-Free Workplace Program Exception to Drug Testing Prior to Appointment During the COVID-19 Pandemic" is required.

FINGERPRINTING: I understand that fingerprints are required prior to an appointment, and an exception to this has been made to be waived for 120 days. Continued employment is subject to favorable adjudication of the investigation.

Name (Print)

Date

Signature