

TMM USA, INC.

**RELEASE OF LIABILITY FOR MEDICAL EVALUATION
AND DRUG AND ALCOHOL SCREENING TESTS**

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I understand that in accordance with the company's Policy of providing and maintaining a safe and healthful working environment for all associates, I am required to undergo a medical evaluation and/ or an alcohol and drug screening test.

I hereby state my willingness to undergo a physical evaluation and/ or other measurements of my state of health, including an alcohol and/ or drug screening evaluation, for the purposes of evaluating my mental and physical status. I fully understand and accept the condition that any false answers or willful omissions made by me will be sufficient grounds for termination of my employment irrespective of when the false answers or omissions are discovered.

I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is for the purpose of predicting job performance, effectiveness or possible safety risks to me or to other associates of the Company, which might arise as a result of such employment.

I understand and agree that neither the Company, its examining physicians, nor its medical personnel shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, nor liable for any diseases or conditions not detected during the course of the evaluation, nor liable for the failure to direct me to a specialist for treatment for any undetected diseases or conditions.

I hereby authorize the release of the results of my evaluation to authorized management personnel of the Company and its designated medical and professional representatives.

I hereby release TMM USA, INC., its associates, designated medical representatives, and/ or testing facility from any and all claims or courses of action resulting from this evaluation and the Company's decisions resulting therefrom.

Applicant or Associate Signature

Date