



dedication makes the difference

Medical Release Authorization

I _____, do hereby authorize _____

Traveler Name (Please Print)

Physician Name

to release to HealthCare Staffing Network, its affiliates, and any of its client hospitals or institutions any information acquired in my recent medical examination which is relevant to my employment.

_____ Date _____

Signature of Traveler

Physician's Statement

I have examined and obtained a current history on the individual named above; and to the best of my knowledge, he/she is in good physical and mental health, is free of any communicable diseases, has no physical limitations and is able to function in his/her professional discipline and specialty on a full-time basis at full capacity without any accommodations.

_____ Today's Date _____

Physician Signature

_____ Date of Physical Exam _____

Physician Printed Name

Please complete and attach appropriate documentation of the following:
TB Skin Test

Date Placed _____

Date Read _____ Result (Circle One) Positive Negative

If Positive attach a copy of Chest X-Ray report

Immunization Records

Status (Circle One)

Hepatitis Vaccine 1	Date _____	Immune	Non-Immune
Hepatitis Vaccine 2	Date _____		
Hepatitis Vaccine 3	Date _____		
Rubella Titre	Date _____	Immune	Non-Immune
Rubeola Titre	Date _____	Immune	Non-Immune
Varicella Titre/Disease	Date _____	Immune	Non-Immune
Tetanus/Diphtheria Vaccine	Date _____		