

PHYSICIAN'S STATEMENT

800-599-4988-phone
800-528-6229-fax

To be completed by the employee:

I _____ do hereby authorize InterStaff, Inc. to release the following information acquired in my recent medical examination which is relevant to my employment.

Signature

Date

To be completed by the Physician:

Vital Signs: P _____ R _____ BP _____ Blood: CBC _____

TB Screen: Date given: _____ Date Read: _____ Positive Negative mm: _____
(Attach proof of the TB test)

Chest X-Ray _____ Date _____ If TB Screen is Positive

Tetanus _____ Date _____

Color Discrimination _____ Date _____

List and Attach Proof of History (vaccinations/immunizations) and Titers

Measles _____

Mumps _____

Rubella _____

Rubeola _____

Varicella/Titer _____

Comments:

I have examined the above individual and to the best of my knowledge he/she is in good physical and mental health and free of any communicable diseases and is able to function in his/her profession at full capacity without restrictions.

Print Name of Physician _____

Physician Signature _____ Date _____