



PHYSICIAN'S STATEMENT FORM

I, _____, do hereby authorize _____
Employee Physician
to release to Bridge Staffing and any of its client hospitals or institutions any information acquired in my recent medical examination which is relevant to my employment.

Signature Date

PHYSICIANS STATEMENT

I have examined the above named individual, and to the best of my knowledge, he/she is in good physical and mental health, free of communicable diseases and is able to function in his/her profession in full capacity.

Physician: _____ Date: _____

Printed Name: _____ Date of Physical: _____

Please include the following:

TB Skin Test Date: _____ Results: _____

CXR (if TB Test Positive) Date: _____ Results: _____

MMR Immunization Date: _____

Rubella Titer Date: _____ Results: _____ Immunity Present? []Y []N

Rubeola Titer Date: _____ Results: _____ Immunity Present? []Y []N

Varicella Titer Date: _____ Results: _____ Immunity Present? []Y []N

History of Disease Date: _____
Immunization Date: _____

Comments:

Three horizontal lines for writing comments.