

History & Physical Form

I, _____, hereby authorize _____ to release to
(Please Print Name) (Please Print Physician's Name)
Worldwide Travel Staffing, Limited and any of its client hospitals or institutions any information acquired in my recent medical examination, which is relevant to my employment as a healthcare professional.

Nurse Signature: _____ Date: _____

Employee Health History

Date and Results of your last:

Annual TB Skin Test (PPD):

Date Given: _____ Date Read: _____ Results in mm: _____

Chest X-Ray Results: _____

MMR Vaccination:

Mumps Titer Date: _____ Results: _____

Rubeola Titer Date: _____ Results: _____

Rubella Titer Date: _____ Results: _____

Hepatitis B:

Date Given: _____ Results: _____

* Varicella Titer:

Date Given: _____ Results: _____

* Tetanus Immunization:

Date Given: _____ Results: _____

(* Not necessary on all assignments, call a recruiter for the specific compliance details).

Physician's Statement

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

Physician Signature: _____ Date: _____