

History and Physical Form

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

Employee Signature: _____ Date: _____

Employee Health History

1st PPD

Date Placed: _____ Date Read: _____ Results in mm: _____

If positive PPD, Chest X-Ray Results: _____

* 2nd PPD

Date Placed: _____ Date Read: _____ Results in mm: _____

MMR Vaccination:

Mumps Titer Date: _____ Results: _____

Rubeola Titer Date: _____ Results: _____

Rubella Titer Date: _____ Results: _____

Hepatitis B:

Date Given: _____ Results: _____

* Varicella Titer

Date Given: _____ Results: _____

* Tdap Immunization

Date Given: _____ Results: _____

** Not Necessary on all assignments, call a recruiter for the specific compliance details for your assignment.*

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, absent any restrictions.

Physician Signature: _____ Date: _____