



Staff Relief Inc.

Post-Offer Medical Exam / Health Update

I, _____ (Name) , hereby authorize _____
(Healthcare Provider), to release to Staff Relief, Inc. any of its clients hospitals or institutions,
any information acquired in my recent medical examination, which is relevant to my
employment as a healthcare professional

Employee Signature: _____ Date: _____

Allergies: _____

Vital Signs: BP _____ P _____ T _____ R _____

Healthcare Provider:

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 communicable disease, and able to function at his/her
professionat full capacity or with the limitations listed below:

General Comments:

Healthcare Provider Printed Name

Healthcare Provider Signature

Healthcare Provider Complete Address

Healthcare Provider Telephone Number

Date