



# 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:

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\_\_\_\_\_  
Healthcare Provider Printed Name

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Healthcare Provider Complete Address

\_\_\_\_\_  
Healthcare Provider Telephone Number

\_\_\_\_\_  
Date