



Staff Relief INC

Medical Staffing Solutions
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Health Update for Employment

I, _____, hereby authorize _____ 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 health care professional.

Employee Name: _____

Allergies: _____

Vital Signs: P _____ R _____ BP _____ Temp. _____

Vaccinations/Titers:

Mumps titer: _____ Date: _____

Rubella titer: _____ Date: _____

Measles titer: _____ Date: _____

Varicella titer: _____ Date: _____

Annual TB Test:

TB (PPD) Result: _____ Date: _____

Chest X-ray (for positive PPD): _____ Date: _____

Hepatitis B series completion: _____ Date: _____

Tetanus Immunization: _____ Date: _____
(Tetanus preferred but not mandatory at every facility)

Physician:

I have examined this 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 without limitations or with limitations specified below.

Physician Signature/Printed Name

Physician Additional Comments (Optional):

