mediscan
staffing services

Medical Release Authorization

I,_____ do hereby authorize _____
Employee Name (Print Clearly) Physician Name (Print Clearly)

to release to Mediscan Staffing Services and any of its client hospital or institutions, any information acquired in my recent medical examination, which is relevan to my employment.

_____ _____
Signature **Date**

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.

_____ _____
Signature and Professional Stamp **Date**

_____ _____
Printed Name of Physician **Date of Physical**

Items checked are missing/need renewal * required by hospital PRIOR to work

- ❑ TB Skin Test Date _____ Results _____
- ❑ Chest X-Ray (If TB Pos.) Date _____ Results _____
- ❑ Mumps Date _____ Results ❑Immunity Present ❑Immunity NotPresent
- ❑ Measles TITER Date _____ Results ❑Immunity Present ❑Immunity NotPresent
- ❑ Rubella TITER Date _____ Results ❑Immunity Present ❑Immunity NotPresent
  - History of Disease Date _____
  - Immunization Date _____
- ❑ Rubeola TITER Date _____ Results Immunity Present Immunity NotPresent
  - History of Disease Date _____
  - Immunization Dosage #1 _____ Age _____ Dosage #2 _____ Age _____
  - Booster Date _____
- ❑ Varicella TITER Date _____ Results ❑Immunity Present ❑Immunity NotPresent
  - History of Disease Date _____
- ❑ Tetanus Booster Date _____ Results _____
- ❑ Hepatitus A Vaccine 1 Date _____ Results _____
- ❑ Hepatitus A Vaccine 2 Date _____ Results _____
- ❑ Hepatitus B TITER Date _____ Results ❑Immunity Present ❑Immunity NotPresent
- ❑ Hepatitus B Vaccine 1 Date _____ Results _____
- ❑ Hepatitus B Vaccine 2 Date _____ Results _____
- ❑ Hepatitus B Vaccine 3 Date _____ Results _____
- ❑ Hepatitus C Date _____ Results _____
- ❑ DTP/td/DT Date _____ Results _____