



Authorization:

I _____ do hereby authorize
 (Employee Name, please print)

_____ to release to Elitecare Medical Staffing, LLC,
 (Physician/Healthcare Provider)

and any of its client hospitals or institutions any information acquired in my recent medical examination which is relevant to my employment.

 Signature Date

TUBERCULOSIS SCREENING/IMMUNIZATION STATUS
 (To be completed by Physician/Healthcare Provider)

TEST	DATE PLACED	DATE READ	INDUARTION	READ BY	RESULT
Mantoux					<input type="checkbox"/> Negative <input type="checkbox"/> Positive
PPD (acceptable on if fully documented)					<input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-Ray (if PPD positive)					<input type="checkbox"/> Negative <input type="checkbox"/> Positive
BCG Inoculation					<input type="checkbox"/> Negative <input type="checkbox"/> Positive

Does individual have a latex allergy? No Yes

I have examined and obtained a current history on the individual named above, and to the best of my knowledge; he/she is in good physical and mental health, is free of any communicable diseases, has no physical limitations and is able to function in his/her professional discipline and specialty on a full-time basis at full capacity without any accommodations.

 Signature of Physician Date

 (Physician Name) Please print Date

OTHER REQUIREMENTS:

The following are typical requirements for employment with Elitecare Medical Staffing LLC and are standard in the healthcare industry. Please attach copies of the results.

Positive titer or immune status for Rubella, Rubeola, Varicella and Mumps

Hepatitis B vaccine, titer or signed declination form.

Tetanus/TD Booster

As a condition of employment, some healthcare facilities may have health requirements in addition to this list.