



Notice to Applicant: (Please Print)

This physician's statement must be completed before you can begin any assignment with Elite Nursing Staffers. DO NOT delay sending your completed application and other forms. This statement may be sent as a later date, but must be sent prior to the start of you employment.

APPLICANTS INFORMATION: (Please Print)

Name _____

Address _____

City _____ State _____ zip _____

PHYSICIAN'S STATEMENT

The patient named above has been examined by me and found to be in good physical and mental health. The patient is free from communicable diseases and is able to perform at full capacity.

Date of exam: _____

Test Performed

*TB Skin Test Date Performed _____ Results _____

*Chest X- Ray (if skin test, N/A) Date Performed _____ Results _____

* All test results must be current (within a year)

Immunization Records

Mumps Titer or Vaccine Date Performed _____ Results _____

Rubella Titer / or Vaccine Date Performed _____ Results _____

Rubeola Titer / or Vaccine Date Performed _____ Results _____

Varicella Date Performed _____ Results _____

Hepatitis Vaccine 1 Date Performed _____ Results _____

Hepatitis Vaccine 2 Date Performed _____ Results _____

