



Physician Statement

Last Name: _____ First Name: _____

Social Security #: _____ Title: _____

has applied for employment through ACCESS Nursing Services. Please complete all sections that you have knowledge of, and sign this form stating that you have examined the above-named individual and have found her/him to be in good health and free from all communicable diseases.

Rubella Titer: Only Lab Reports accepted

Rubeola/Measles: Only Lab Reports accepted

Varicella Titer: Only Lab Reports accepted

TB Screen	Plant Date	Read Date	MM Induration	Results
PPD Mantoux:				
2nd PPD Mantoux:				

If TB Positive: Chest X-Ray Report will be required for medical clearance.

Report must indicate reason for taking the x-ray is the result of a positive PPD.

PHYSICAL EXAM

Vitals

BP:		TPR:	
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Examination	Normal	Abnormal	If Abnormal/Comments If additional space required, please attach
Skin			
HEENT			
Neck			
Chest			
Lungs			
Heart			
Abdomen			
Extremities			
Neurological			

DRUG USE/ABUSE

Type	Yes	No	Comments If additional space required, please attach
Depressants			
Stimulants			
Narcotics			
Alcohol			
I.V Substance			
Other – Specify			



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Last Name: _____ First Name: _____

Please complete all sections that are known/performed by your practice

Medical, Psychiatric, and Occupational History:

Infectious Illness:

Allergies:

Medication List:

This is to certify, that to the above named individual is free from physical or mental health impairments that are of potential risk to patients, or other employees, including the habituation or addiction to depressants stimulants, narcotics, alcohol or other drugs or substance, which may impair his or her performance of his or her duties.

Comments:

MD Name: _____ Address: _____

MD Lic#: _____

MD Signature: _____ Date: _____