

Medical Staffing Partners

Physician Statement

A Note of Importance:

Our medical facilities require a physician's statement of good health that is updated yearly. This form must be filled out completely with the appropriate physician signature and information included. We must receive this completed statement before you begin employment, however do not delay in sending your completed application while getting this form completed. We will accept an alternate physician statement, but only if all the following information is included. **Please remember to attach all copies of test results.**

Employee/Patient Name (Please Print): _____

Date of Examination: _____

I hereby authorize the undersigned physician to release any medical information relevant to employment to Medical Staffing Partners. I also authorize Medical Staffing Partners to release this statement to any of its clients that I may be assigned to.

Employee/Patient Signature: _____

Disease	The above named person has documentation of: (<input checked="" type="checkbox"/> all items that apply)	Date
Measles	<input type="checkbox"/> A positive antibody test for measles <input type="checkbox"/> Two (2) doses of measles or a measles/mumps/ rubella (MMR) vaccine received after 1 st birthday	
Mumps	<input type="checkbox"/> A positive antibody test for mumps <input type="checkbox"/> Two (2) doses of Mumps or a measles/mumps/ rubella (MMR) Vaccine received after 1 st birthday	
Rubella	<input type="checkbox"/> A positive antibody test for rubella <input type="checkbox"/> One (1)dose of rubella or a measles/mumps/ rubella (MMR) vaccine received after 1 st birthday	
Pertussis	<input type="checkbox"/> One dose of tetanus, diphtheria, pertussis (Tdap) vaccine	
Varicella (Chickenpox)	<input type="checkbox"/> A positive antibody test for chickenpox (varicella zoster) <input type="checkbox"/> Two (2) doses of Varivax (Chickenpox Vaccine)	
Tuberculosis (TB)	Per MN Department of Health Guidelines- Employee must provide following documentation.* Employee has 1) negative TST within 90 days before start date, and 1) negative TST within 12 months before start date. Employee has 1) negative TST within 90 days before start date, and 1) negative TST after start date, administered between 7-21 days after the first TST has been read. Employee can still start contract before the second TST is administered Employee has 2) negative TSTs within 90 days before start date, and the second TST was administered 7-21 days after the first TST has been read.	Date:
	*This documentation must include – date TST was administered, mm of induration, results, and date TST read. If employee has documentation of an IGRA within 90 days of hire, this documentation must include: date of the test, results and the quantity assay.	Date:
	<input type="checkbox"/> OR a negative IGRA (Quantiferon-TB or T-Spot) blood test within 90 days before start date	Date:
Hepatitis B	<input type="checkbox"/> Laboratory evidence of antibodies to Hepatitis B (positive hepatitis B surface antibody test following vaccine series or natural disease)	
	<input type="checkbox"/> If Hepatitis B immunization series has been started or completed and antibody testing not completed, please provide dates of immunization	

I certify that I have performed a physical examination on the above mentioned individual and I further certify that this patient is in good physical and mental health, and is not suffering from any illness or physical or mental disability which would restrict him/her from providing services as a registered nurse.

Physician's Name _____ Physician's Signature _____
 Please Print

Telephone Number _____ Date _____