JM STAFFING
EMPLOYMENT APPLICATION – HEALTHCARE

PHYSICIAN STATEMENT

Please Note:
Most of our client facilities require a statement of good health. Therefore, certification of health must be updated on a yearly basis. However, you should not delay in sending in your completed application even if this statement cannot be competed immediately. This statement can be sent at a later date, but it must be received before you begin employment. We accept alternate physician statement forms if they include the information as required below.

Name: _____

PLEASE ATTACH COPIES OF ALL TEST RESULTS

TB / PPD Skin Test: Date: _____ Results: _____
OR
Chest X-Ray: Date: _____ Results: _____

MMR Date: _____ or the following titres:

Mumps Titre Date: _____ _____ Immune _____ Not Immune

Rubella Titre Date: _____ _____ Immune _____ Not Immune

Rebeola Titre Date: _____ _____ Immune _____ Not Immune

Varicella Zoster Titre Date: _____ _____ Immune _____ Not Immune

Hepatitis B Vaccine #1 _____ Date #2 _____ Date #3 _____ Date

Hepatitis Booster Date: _____

The above named individual has been examined by me and is found to be in good physical health, free from communicable diseases, and able to perform all job duties as a traveling healthcare professional without any limitations.

_____
Physician Signature Print Name Date

_____
License Number Address