

Annexa Professional Staffing Physician Release

Employee: _____ Date of Birth: _____ Class: _____

Address: _____

I authorize Annexa Professional Staffing to receive information regarding my health as requested below

Employee signature _____

Dear Physician,

The Employee named above has applied for a position with Annexa Professional Staffing. We require all employees to have physical examinations. The purpose of the examination is to ensure that employees are free from conditions that could be a potential risk to patients in the health care settings. As well as any conditions that may interfere with their performance as a health care worker.

In addition to physical exam, employees must have immunization records current, either a positive history physician diagnosed, positive serology requiring blood test or vaccinations including but not limited to MMR, Hepatitis B series, Varicella, Tb, Flu (seasonal) and Tetanus or TDap.

I certify that the above employee is free of any physical limitations or restrictions that may interfere with performance in job classification as stated above. Employee is also free from communicable disease or other conditions that may or may not be of potential risk to patients.

Physicians Signature _____ Date _____

Physicians Name (print) _____

Facility Name _____

Facility Address _____

Phone number _____ Fax _____

Thank you for your time, if you have any questions please contact us.

Annexa Professional Staffing

HUMAN RESOURCES

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