ANNUAL PHYSICAL

I hereby authorize the undersigned practitioner to release any information relevant to employment acquired during my medical examination to hiring agency, and for the hiring agency to release this statement to any of its client facilities that I may be assigned to.

Traveler: _____

Printed name Traveler Signature

Date of Examination _____ Having performed a physical examination on the above employee, the following findings are true and accurate:

1. Employee is suffering from no physical disability nor any contagious disease which restricts him/her from providing services as a Registered Nurse.

2. The following results were reviewed:

	Date	Result
TB status tested by		
PPD	_____	_____
Chest X-Ray	_____	_____
BCG vaccine	_____	
Hepatitis B	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Varicella	_____	_____

Examining Practitioner:

_____
Name

_____
Street

_____
City, State, Zip

_____
Phone

_____
Practitioner Signature