



## Physician Statement & Health Status Form

**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 completed 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.)**

First, Middle, Last Name (as appears on identification)

**Section A Medical Release Authorization (To be completed by the applicant)**

I, \_\_\_\_\_ do hereby authorize \_\_\_\_\_  
Applicant Name Physician Name  
 to release any information acquired during my medical examination to @WORK Medical Services. I also authorize @WORK Medical Services to release any information on this statement, relevant to employment, to any of its client facilities.

**Section B Statement of Physical Health (To be completed by the physician)**

**The above named individual has been examined by me is found to be in good physical and mental health, free from communicable diseases, and able to function and perform all job duties as a healthcare professional, without any limitations, in his/her profession at full capacity.**

Physician Signature:	License Number:	Date:
Physician Name (Please Print):	<b>Physician Address (Please Print):</b>	
	Street:	
Physician Telephone Number:	City:	
	State:	Zip
<b>Please fax completed statement to @WORK Medical Services at:</b>		