

Section A Medical Release Authorization (To Be Completed By The Employee)

I, _____, do hereby authorize _____
EMPLOYEE NAME PHYSICIAN NAME

to release any information acquired during my medical examination to Cross Country Nurses.

I also authorize Assignment America to release any information on this statement, relevant to employment, to any of its client facilities.

EMPLOYEE SIGNATURE DATE

Section B Statement of Physical Health (To Be Completed By The Healthcare Provider)

I have examined _____ and determined that this person is in good health,
EMPLOYEE NAME

has no signs or symptoms of communicable disease, and is able to perform the functions of the position without restriction.

SIGNATURE

MD, DO, NP, PA

TITLE OF PROVIDER (PLEASE CIRCLE)

PRINTED NAME (PLEASE PRINT)

EXAM DATE

OFFICE ADDRESS: (PLEASE PRINT)

Street: _____

City: _____ State: _____ Zip: _____

Office Telephone Number: _____ Office Fax: _____