



**PHYSICAL STATEMENT AND HEALTH STATUS**  
**Medical Release Authorization**

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to release any information acquired  
Client's Name LIP Name  
 during medical examinations to ConTemporary Nursing Solutions, Inc. I also authorize ConTemporary Nursing Solutions, Inc. to release any information on this statement, relevant to employment to any of its client facilities.

Applicant's Signature \_\_\_\_\_

**Tuberculosis and Immunization Status**

TEST	Date/site/initials	Date read / induration / initials	
PPD	____ / ____ / ____	_____ / _____	mm / _____
BCG	_____	Positive	Negative N/A
Chest X-ray	_____	Positive	Negative N/A

ConTemporary Nursing Solutions, Inc requires PPD skin test annually. Chest X-ray within the last 3 years is accepted if PPD is positive. A TB Surveillance form must be completed annually if the PPD is positive.

PLEASE FILL IN ALL OF APPLICABLE BLANKS:

	<b>Date</b>		<b>Date</b>
Measles	Disease _____	Immunization _____	Titer: _____ Pos: _____ Neg: _____
Mumps	Disease _____	Immunization _____	Titer: _____ Pos: _____ Neg: _____
Rubella	Disease _____	Immunization _____	Titer: _____ Pos: _____ Neg: _____
Varicella	Disease _____	Immunization _____	Titer: _____ Pos: _____ Neg: _____

Hepatitis B      1. \_\_\_\_\_      2. \_\_\_\_\_      3. \_\_\_\_\_      Titer: \_\_\_\_\_      Pos. \_\_\_\_\_      Neg. \_\_\_\_\_

\*\*Hepatitis B waiver form must be signed and submitted ConTemporary Nursing Solutions, Inc.

There may be additional requirements for employment with ConTemporary Nursing Solutions, Inc., a particular healthcare facility and/or standards in the healthcare industry. Results of laboratory findings may be attached to this form.

**Health Statement**

I have examined this patient and determined that this person is in good physical and mental health, free of communicable diseases, and able to function and perform all job duties without any physical limitations in his/her profession at full capacity.

Approved for TB Fit Test      Yes       No

\_\_\_\_\_  
 Practioner      Date

Practioner Address \_\_\_\_\_

Practioner Phone Number \_\_\_\_\_

Please fax the completed form to the Credentialing / Recruitment fax : 703-354-0852 or bring with you to your interview appointment.