

Professional Staffing, Inc.
8455 US HIGHWAY 283
Norton, KS 67654
Phone: 785-877-2448
Fax: 785-877-6980

Physician's Statement

This Physician's Statement must be completed before you can begin assignment with Professional Staffing, Inc. This statement may be sent at a later date, but must be sent prior to the start of your employment.

Personal Data

Name: _____ Today' Date: _____

Address: _____

State/ Providence: _____ Zip: _____

Immunization Records

Rubella Titre /or Vaccine	Date Performed _____	Results _____
Rubella Titre /or Vaccine	Date Performed _____	Results _____
Varicella Titre	Date Performed _____	Results _____
Hepatitis Vaccine 1	Date Performed _____	Results _____
Hepatitis Vaccine 2	Date Performed _____	Results _____
Hepatitis Vaccine 3	Date Performed _____	Results _____
Hepatitis Titre (if vac., N/A)	Date Performed _____	Results _____

Physician's Statement

The patient above had been examined by me and found to be in good physical and mental health. The patient is free from communicable diseases and is able to perform at full capacity.

Date of Exam: _____

Test Performed

*TB Skin Test Date Performed _____ Results _____

*Chest X-ray (if skin test N/A) Date Performed _____ Results _____

***All test must be current (within a year)**

All Professional Staffing, Inc. employees must have the above (*) test(s) performed to complete their employment files. Individual facilities may have additional requirements.

Additional Comments:

Name of Physician (Please Print):

Physician Address:

Physician Signature: _____ License
