

Physician Statement / Health Screening

Medical Release Authorization

I, _____, do hereby authorize _____ to
First and Last Name Physician Name / Practice Name
 release any information acquired during my medical examination to Millenia Medical Staffing. I also authorize Millenia Medical Staffing to release any information on this statement, relevant to employment, to any of its client facilities.

Signature First and Last Name Certificate or License Held Date

Statement of Physical Health

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 limitation in his/her profession at full capacity.

Physician / Advanced Practitioner Signature License Number Date

Print Full Name and Title (MD, DO, NP, PA) Phone Number

Practice Name Address

Provider / Facility / Practice Stamp

Blood Pressure _____ / _____