

EMPLOYEE HEALTH CERTIFICATE

Employee Name: _____

Date: _____

Classification: _____

Hire Date: _____

I, _____, authorize the release of my recent medical examination to Premier
(Name of Applicant)
 Healthcare Staffing, which is pertinent to my employment.

Premier Healthcare Staffing requires proof of the following tests for employment:

- Hepatitis B vaccine, titre or signed declination form.
- Tuberculosis Screening (annual)

	Date received	Results	
PPD (2 step if required)	_____	positive	negative
Chest X-ray if PPD positive	_____	positive	negative

Positive titre or immune status for those checked (facility specific)

Varicella	History of Disease	Date: _____	Or Result _____
	Titre	Date: _____	
Measles	History of Disease	Date: _____	Or Result: _____
	Documented Immunization	Date: _____	Or Result: _____
	Titre	Date: _____	Or Result: _____
Mumps	History of Disease	Date: _____	Or Result: _____
	Documented Immunization	Date: _____	Or Result: _____
	Titre	Date: _____	Or Result: _____
Rubella	Documented Immunization	Date: _____	Or Result: _____
	Titre	Date: _____	Or Result: _____
Tetanus		Date: _____	

Significant physical exam findings: _____

I have examined the above individual and find him/her to be in good physical and mental health, free from communicable disease and able to perform the duties of a healthcare professional assigned to work in a variety of acute and long term care setting on a full or part time basis without any physical limitations or accommodations.

 Authorized Signature

 Date

 Printed Name

 Date of exam