



PHYSICIAN'S STATEMENT

Full Name: _____

Date: _____

Note: It is the responsibility of the applicant to have their physician to fill out the appropriate section of this form.

PHYSICIAN TO COMPLETE THIS SECTION

TB Skin Test Date_____ Results_____
Chest X-ray (if TB test positive) Date_____ Results_____
Rubella Titer [] MMR [] Date_____ Results_____
Rubeola Titer [] MMR [] Date_____ Results_____
Mumps Titer [] MMR [] Date_____ Results_____
Vericella [] Varivax [] Date_____ Results_____
Hepatitis Titer [] Booster [] Date_____ Results_____
Hepatitis B Series Date_____ Date_____ Date_____
Tetanus [] Date_____

Please submit supporting documentation of immunization records and lab results

I have examined the individual above, and to the best of my knowledge, he/she is in good physical and mental health, free of any communicable disease, and is able to function in his/her profession at full capacity. By signing below, I certify that the above information is valid.

Physician Signature _____ Date _____

Printed Physician Name _____

OneStaff to complete the following:

HEPATTIS B VACCINATION

(Check and sign the Applicable Statement)

[] I understand the OSHA guidelines and DECLINE the Hepatitis B Vaccination.

Signature _____ Date _____

[] I understand the OSHA guidelines and need # _____ or booster, in the series. Please arrange for me to receive this dose of the vaccine.

Signature _____ Date _____

TETNUS VACCINATION DECLINATION

I, _____, RN, understand that I have been requested to supply proof of tetanus Vaccination or agree to the vaccination prior to placement with OneStaff Medical (hereinafter "Company"). However, I decline the Tetanus Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a facility that requires the Tetanus Vaccination, therefore hold all parties harmless from any and all liability arising out of my refusal of the Tetanus Vaccination.

Signature _____ Date _____