



Employee Health Certificate

Employee Name: _____ Date: _____

Medical Staffing Resource requires proof of the following tests for employment. These tests are standard within the healthcare industry.

Date Read	Results	
○ PPD _____	_____ Negative	_____ Positive
○ 2 nd Step _____	_____ Negative	_____ Positive
○ Chest X-Ray _____	_____	

Significant physical exam findings: _____

Immunization Questionnaire:

	Dates of Immunization	Dates Of Disease	Dates of Lab Testing
Measles (Rubella)			
Mumps			
Rubella			
Tetanus			
Varicella			
Hepatitis B			
Polio			
Other			

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. This individual has no restrictions, limitations or accommodations within the realm of their job description.

Date of Physical: _____

Physician Signature: _____

Print Physician Name: _____

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