



CHESAPEAKE
MEDICAL STAFFING

2401 York Road Timonium, MD 21093 Phone (410) 321.4267 Fax (410) 321.4980

Statement of Good Health

Authorization for release of confidential medical information (to be signed by applicant):

I authorize the medical practitioner named below to release pertinent information acquired in my recent medical examination relevant to my application for employment with Chesapeake Medical Staffing.

Printed Name of Applicant

Applicant Signature

Date

Physical Exam/Authorization to Work

(Must be completed by a Physician, Nurse Practitioner or Physician Assistant)

I have examined the individual listed above and to the best of my knowledge she/he is in good physical and mental health, free of any communicable disease, and should be able to perform her/his professional responsibilities as a health care provider without limitation.

Physician/NP/PA Printed Name

Date of exam

Physician/NP/PA Signature

Address: _____ Phone Number: _____

_____ Fax Number: _____