



Physical Statement & Health Status

Section A	Medical Release Authorization	To be completed by Traveler
<p>I, _____, do hereby authorize _____ to <small>CLIENT NAME</small> <small>PHYSICIAN NAME</small> release any information acquired during my medical examination to Therapia Staffing.</p> <p>I also authorize Therapia Staffing to release any information on this statement, relevant to employment, to any of its client facilities.</p> <p>_____ <small>CLIENT SIGNATURE</small> <small>DATE</small></p>		

Section B	Statement of Physical Health	To be completed by the Healthcare Provider
<p>I attest that _____ is free from any medical or psychiatric health impairment <small>PATIENTS NAME</small> that is of potential risk to patients or that might interfere with the performance of (his/her) duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances that may alter the individual's behavior.</p> <p>_____ <small>SIGNATURE</small> <small>TITLE OF PROVIDER (circle one)</small> MD DO NP PA CNM</p> <p>_____ <small>PRINTED NAME</small> <small>EXAM DATE</small></p> <p>Office Address (please print) Street: _____ City: _____ State: _____ Zip: _____ Office Telephone Number: _____ Office Fax: _____</p>		