



Health Statement

A health statement dated within 6 months of hire is required. Provide a health statement or print this document and have your doctor complete PART 2 and then submit to the TravelMed Human Resource Department.

Part 1- TO BE COMPLETED BY PATIENT

Doctor or ARNP:

Doctor's City, State:

Doctor's Phone

Fax:

I authorize the undersigned physician/ARNP to release to TravelMed USA, Inc. any information acquired in the course of my recent medical examination which is relevant to my employment as a health care provider. I understand that this information will be treated as confidential.

Signature of Patient

Printed Name

Date

Part 2- TO BE COMPLETED BY PHYSICIAN, PA, ARNP

Physician's/NP statement: I examined the individual named above, and to the best of my knowledge, he/she is physically and mentally qualified to function as a health care professional without restrictions and free of communicable diseases.

Comments: _____

Physician's/NP Signature: _____ Date: _____

Physician's/NP Printed Name _____