



Physician's Statement

Full Printed Name _____

It is the responsibility of the applicant to have their physician fill out the appropriate section of the form. Failure to do so will result in the applicant not being eligible for hire by World Wide Medical Staffing of Michigan.

Physician to complete this section

TB Skin Test	Date: _____ Results: _____
Chest x-ray (If TB test Positive)	Date: _____ Results: _____
Immunizations:	
Hepatitis B Series	Date: _____ Date: _____ Date: _____
MMR	Date: _____
Varivax	Date: _____
Tetanus/Diphtheria	Date: _____ Results: _____
Titers	Date: _____ Results: _____
Hepatitis B	Date: _____ Immunity Present <input type="checkbox"/> Immunity Not Present <input type="checkbox"/>
Measles (Rubeola)	Date: _____ Immunity Present <input type="checkbox"/> Immunity Not Present <input type="checkbox"/>
Mumps	Date: _____ Immunity Present <input type="checkbox"/> Immunity Not Present <input type="checkbox"/>
Rubella	Date: _____ Immunity Present <input type="checkbox"/> Immunity Not Present <input type="checkbox"/>
Varicella	Date: _____ Immunity Present <input type="checkbox"/> Immunity Not Present <input type="checkbox"/>

Please submit supporting documentation of immunization records and lab results

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

Signed _____ Date: _____
 Printed Name of Physician _____

Applicant to complete this section:

Check and Sign Application Statement Hepatitis B Vaccination

I understand the OSHA guidelines and have COMPLETED the Hepatitis B Vaccine Series
 Signed _____ Date: _____

I understand the OSHA guidelines and DECLINE the Hepatitis B Vaccine Series
 Signed _____ Date: _____

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

Tetanus 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 World Wide Medical Staffing of Michigan (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 Company client (hereinafter "Facility") that required the Tetanus vaccination.

Therefore, in consideration of my employment with the Company and placement at a facility. I agree to hold harmless both Facility and Company, their owner, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Tetanus Vaccination.

Signed _____ Date: _____:

