

PHYSICIAN'S STATEMENT

(Please print clearly)

Full Name: _____
Please Print

Note: It is the responsibility of the applicant to have their physician fill out the appropriate section of this form.

PHYSICIAN TO COMPLETE THIS SECTION:

| | | | |
|---|----------------------------------|--------------------------------------|----------------------------|
| TB Skin Test | | Date Completed _____ | Results _____ |
| Chest X-ray (If TB test positive) | | Date Completed _____ | Results _____ |
| Rubella Titer <input type="checkbox"/> | MMR <input type="checkbox"/> | Date Completed _____ | Results _____ |
| Rubeola Titer <input type="checkbox"/> | MMR <input type="checkbox"/> | Date Completed _____ | Results _____ |
| Mumps Titer <input type="checkbox"/> | MMR <input type="checkbox"/> | Date Completed _____ | Results _____ |
| Varicella Titer <input type="checkbox"/> | Varivax <input type="checkbox"/> | Date Completed _____ | Results _____ |
| Hepatitis B Titer <input type="checkbox"/> | Booster <input type="checkbox"/> | Date Completed _____ | Results _____ |
| Hepatitis B Series <input type="checkbox"/> | | 1 st Date Completed _____ | 2 nd Date _____ |
| Tetanus <input type="checkbox"/> | | | 3 rd Date _____ |
| | | Date Completed _____ | |

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 profession at full capacity. By signing below I certify that the above information is valid.

Physician Signature _____ Date _____

Printed Physician's Name _____

DECLINATION OF VACCINATION

FASTAFF applicant to complete the following:

HEPATITIS B VACCINATION

I, _____, RN, understand that I understand the OSHA guidelines and have been requested to supply proof of Hepatitis B Vaccination or agree to the vaccination prior to placement with FASTAFF, Inc. However, I decline the Hepatitis B Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a FASTAFF client (hereinafter "Facility") that requires the Hepatitis B Vaccination.

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

Signature _____ 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 FASTAFF, Inc. 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 FASTAFF client (hereinafter "Facility") that requires the Tetanus vaccination.

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

Signature _____ Date _____