Nursefinders®
an AMN Healthcare company
5901 Broken Sound Parkway, Suite 500
Boca Raton, FL 33487

Physician's Statement

IMPORTANT! APPLICANT, PLEASE NOTE: This Physician Statement must be completed before you can begin an assignment with Nursefinders. If this statement cannot be completed immediately we encourage you to send your application form and all other completed materials separately. This will allow us to begin processing your application while we are waiting to receive your medical information.

I hereby authorize the physician named below to release to Nursefinders any information acquired in my recent medical examination that may be relevant to my potential employment.

_____ _____ _____
Applicant's Signature Date Social Security #

Patient's Name: _____**Patient's Date of Birth**_____

Physician's Statement
The above named employee is found to be in good health, without evidence of communicable disease, is free from health impairment which may cause risk to the patient or which might interfere with his/her duty including the habituation of alcohol, addition to depressants, stimulants, narcotics, or other drugs or substances which may alter behavior. Employee is free from work restrictions.

Does the patient have a history of Back Problems? Yes ___ No___ If yes, please explain and indicate how many pounds the individual can lift. _____.

Fit Test Clearance: A physical exam was performed on the above patient and he/she is physically healthy to have a Fit Test completed. Yes_____ No_____

Date of Exam____/____/____

Additional Comments:
_____
_____

Physician Name (please print):_____ _____

Physician's Address: _____

City: _____State: _____ Zip:_____

X Physician's Signature: _____

Fax to: 866-252-3667