



Certificate of Good Health Statement

I, _____ do hereby authorize _____ to release any information acquired during
(Applicant Name) (Physician Name)

my medical examination to Staff-Smart Medical Staffing. I also authorize Staff-Smart Medical Staffing to release any information on this statement, relevant to employment, to any of its client facilities.

1. The above named individual has been examined by me is found to be in good physical and mental health, free from communicable diseases, and able to function and perform all job duties as a healthcare professional, without any limitations, in his/her profession at full capacity.

Physician Signature: _____

Physician Name: (please print): _____

Physician License Number: _____ Date: _____

Facility/Clinic Name: _____ Phone: _____

Address: _____

City: _____

State: _____ Zip: _____