

Stat Staffing Annual
Employee Physical Examination Form
(please complete in English)



- ✓ As a condition for employment with STAT Staffing, you must **SUCCESSFULLY** pass an examination to determine that you are in good health.
- ✓ I hereby give consent to have further information that is requested by STAT Staffing released by the physician who examined me.
- ✓ I certify that my responses are complete and true to the best of my knowledge.

Signature of Employee

Date

TO BE COMPLETED BY PHYSICIAN: (MUST BE PERFORMED BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE AND SURGERY).

Patient Name:							
Date of Examination:			General Appearance:				
Height:		Weight:		Allergies:			
Temperature:		Pulse:		Respiration:		B/P:	

	NORMAL	ABNORMAL	If Abnormal, comments:
SYSTEM			
Skin			
Eyes			
Ears			
Nose			
Throat/Dental			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Other			
Summary of findings:			

I hereby certify that I have examined the above applicant and the above is a complete and accurate assessment of my examination. I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position for which he or she is applying.

Medical License #:

Physician Signature:

Address:

Phone:

MANTOUX PPD TEST



A 2-step PPD is required for all new hires. Documentation of a 2-step within the prior 12 months is also acceptable. Please make sure to read the below statement regarding the required time interval between the 1st and the 2nd injections; if your 2-step does not follow this, it will be rejected. A 1-step PPD is required yearly thereafter.

I. Patient Information						
Last Name	First	MI	D.O.B	Social Security Number		
II. Required Tuberculosis Test Results (as per Regulations of the Department of Health)						
1st Step	Date Applied	Arm	Method	Antigen	Manufacturer	Signature & Title
	Date Read	Results			Signature & Title	
If 1st step is negative, the 2nd injection should be administered no earlier than 7 days and no later than 21 days after the READ DATE (not place date) of the 1st injection.						
2nd Step	Date Applied	Arm	Method	Antigen	Manufacturer	Signature & Title
	Date Read	Results			Signature & Title	
III. Chest X-Ray: is only permitted if you have had a prior +PPD. For previously known/new positive reactors please complete the following and submit a copy of the chest x-ray report completed within the last 5 years that states the results are clear from infectious or contagious diseases. This report must state that the reason for the CXR is due to a +PPD. You will also need to complete STAT's CXR yearly.						
Chest X-Ray:	Date	Results		Other:	Date	Results