

Section A	Medical Release Authorization	(To Be Completed By The Client)
<p>I, _____, do hereby authorize _____</p> <p style="text-align: center; font-size: small;">CLIENT NAME PHYSICIAN NAME</p> <p>to release any information acquired during my medical examination to Assignment America. I also authorize Assignment America to release any information on this statement, relevant to employment, to any of its client facilities.</p> <p>_____</p> <p style="text-align: center; font-size: small;">CLIENT SIGNATURE DATE</p>		

Section B	Statement of Physical Health	(To Be Completed By The Healthcare Provider)
<p>I have examined _____ and determined that this person is in good health, has no signs or symptoms of communicable disease, and is able to perform the functions of the position without restriction.</p> <p style="text-align: center; font-size: small;">CLIENT NAME</p>		
<p>_____</p> <p style="text-align: center; font-size: small;">SIGNATURE</p>		<p style="text-align: center;">MD, DO, NP, PA</p> <p style="text-align: center; font-size: small;">TITLE OF PROVIDER (PLEASE CIRCLE)</p>
<p>_____</p> <p style="text-align: center; font-size: small;">PRINTED NAME (PLEASE PRINT)</p>		<p>_____</p> <p style="text-align: center; font-size: small;">EXAM DATE</p>
<p>OFFICE ADDRESS: (PLEASE PRINT)</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Office Telephone Number: _____ Office Fax: _____</p>		