

**Section A Medical Release Authorization (To Be Completed By The Traveler)**

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_  
CLIENT NAME PHYSICIAN NAME  
 to release any information acquired during my medical examination to Cross Country TravCorps.  
 I also authorize Cross Country TravCorps to release any information on this statement,  
 relevant to employment, to any of its client facilities.

\_\_\_\_\_  
CLIENT SIGNATURE DATE

**Section B Statement of Physical Health (To Be Completed By The Healthcare Provider)**

Does this client have any latex allergies:  Yes  No  
 I attest that \_\_\_\_\_ is free from any medical or psychiatric health impairment that  
CLIENT NAME  
 is of potential risk to patients or that might interfere with the performance of (his/her) duties,  
 including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other  
 drugs or substances that may alter the individual's behavior.

\_\_\_\_\_  
SIGNATURE TITLE OF PROVIDER (PLEASE CIRCLE)  
 MD, DO, NP, PA, CNM

\_\_\_\_\_  
PRINTED NAME (PLEASE PRINT) LICENSE NUMBER EXAM DATE

**OFFICE ADDRESS: (PLEASE PRINT)**  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Telephone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_