MILLENIA
MEDICAL STAFFING
Staffing Healthcare Everywhere

PHYSICIAN STATEMENT

MEDICAL RELEASE AUTHORIZATION

I, _____ do hereby authorize _____ to release any information acquired during my medical examination to Millenia Medical Staffing. I also authorize Millenia Medical Staffing to release any information on this statement, relevant to employment, to any of its client facilities.

Client Name — Physician name

_____ _____

Client Signature — Date

HEALTH STATUS

I have examined this patient and determined that this person is in good physical and mental health, free of communicable diseases, and able to function and perform all job duties without any physical limitation in his/her profession at full capacity.

_____ _____ _____

Physician Signature — License Number — Date

Physician Address _____

Physician Phone Number _____

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