Stat GROUP LLC Delivers PROS with Ease and Speed!
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Physician's Statement

I _____, do hereby authorize_____
Applicant Name *(please print)* Physician Name

to release to StatGroup and any of its client hospitals or institutions any information acquired in my recent medical examination which may be relevant to my employment.

_____ _____

Signature Date

_____

_____

I have examined the individual named above, and to the best of my knowledge, he/she is in good physical and mental health, free from any communicable diseases, and is able to function in his/her profession at full capacity.

Physician's Signature _____

Physician's Printed Name _____

License # _____ Phone # _____

Date of Exam _____

MMR Immunization Date _____ (or) Titer _____

Varicella Hx/Titer _____

Tb Date Given _____ Results _____

Hepatitis B – 1st Injection _____ 2nd Injection _____ 3rd Injection _____

_____

_____

I understand the OSHA guidelines and **DECLINE** the Hepatitis B Vaccination.

_____ _____

Applicant Signature Date