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AUTHORIZATION FOR MEDICAL RELEASE/HEALTH CLEARANCE

AUTHORIZATION FOR MEDICAL RELEASE

THIS MEDICAL RELEASE AND THE RESULTS will be kept confidential, except for necessary disclosure to authorized representatives of MedTeam Staffing and its Clients, safety and health personnel regarding possible emergency treatment, and others as may be authorized by law.

THIS AUTHORIZATION remains valid until cancelled in writing and received by U.S. registered mail at the MedTeam Staffing address listed on the top of this form.

I UNDERSTAND that this authorization for medical release is work related and supports my ability to function without limitation. Any medical information released by the physician is solely for benefit of MedTeam Staffing and its Clients.

THEREFORE, I UNDERSTAND that my medical and physical information and its release, has a reasonable relationship to my work for MedTeam Staffing and its Clients. I do hereby authorize you to release any information from my medical record and medical examination which is relevant to my employment with MedTeam Staffing.

I UNDERSTAND MedTeam Staffing Clients are identified as, but not limited to institutions, facilities, medical centers, hospitals, and healthcare organizations representing accreditation and regulatory bodies such as JCAHO, state and federally authorized representatives thereof.

HEALTH CLEARANCE

Physician Print Name: _____

License Number: _____ State Of: _____

The medical record will show I conducted a history and physical on : _____ / _____ / _____
 Date

FINDINGS : To the best of my knowledge, the individual named below is in good physical and mental health and is free of any communicable diseases. This individual has no apparent health condition that would create a hazard to self or others and is able to function at full capacity without limitations.

Physician Signature: _____ Date: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

EMPLOYEE INFORMATION

Print Name: _____ Signature: _____

Social Security #: _____ Date: _____

MedTeam Staffing Representative Signature: _____ Date: _____

The Americans with Disabilities Act, at 42 USC Sec. 12112(d)(3)(B) requires employees to keep information relating to medical condition on separate forms and in medical files separate from general personnel information. This requirement is mirrored by the Family and Medical Leave Act of 1993 (See 29 CFR Sec.825.500(g)) (Civil Code Sec.56-58.37).