

# PHYSICIAN'S STATEMENT

(Please print clearly)

Full Name: \_\_\_\_\_  
Please Print

**Note:** It is the responsibility of the applicant to have their physician fill out the appropriate section of this form.

## PHYSICIAN TO COMPLETE THIS SECTION:

TB Skin Test		Date Completed _____	Results _____
Chest X-ray (If TB test positive)		Date Completed _____	Results _____
Rubella Titer <input type="checkbox"/>	MMR <input type="checkbox"/>	Date Completed _____	Results _____
Rubeola Titer <input type="checkbox"/>	MMR <input type="checkbox"/>	Date Completed _____	Results _____
Mumps Titer <input type="checkbox"/>	MMR <input type="checkbox"/>	Date Completed _____	Results _____
Varicella Titer <input type="checkbox"/>	Varivax <input type="checkbox"/>	Date Completed _____	Results _____
Hepatitis B Titer <input type="checkbox"/>	Booster <input type="checkbox"/>	Date Completed _____	Results _____
Hepatitis B Series <input type="checkbox"/>		1 <sup>st</sup> Date Completed _____	2 <sup>nd</sup> Date _____
Tetanus <input type="checkbox"/>			3 <sup>rd</sup> Date _____
		Date Completed _____	

**Please submit supporting documentation of immunization records and lab results.**

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

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Physician's Name \_\_\_\_\_

## DECLINATION OF VACCINATION

### U.S. NURSING applicant to complete the following:

#### HEPATITIS B VACCINATION

I, \_\_\_\_\_, RN, understand that I understand the OSHA guidelines and have been requested to supply proof of Hepatitis B Vaccination or agree to the vaccination prior to placement with U.S. NURSING, Inc. However, I decline the Hepatitis B Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a U.S. NURSING client (hereinafter "Facility") that requires the Hepatitis B Vaccination.

Therefore, in consideration of my employment with U.S. NURSING and placement at a Facility, I agree to hold harmless both Facility and U.S. NURSING, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Hepatitis B Vaccination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### TETANUS VACCINATION DECLINATION

I, \_\_\_\_\_, RN, understand that I have been requested to supply proof of Tetanus Vaccination or agree to the vaccination prior to placement with U.S. NURSING, Inc. However, I decline the Tetanus Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a U.S. NURSING client (hereinafter "Facility") that requires the Tetanus vaccination.

Therefore, in consideration of my employment with U.S. NURSING and placement at a Facility, I agree to hold harmless both Facility and U.S. NURSING, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Tetanus Vaccination.

Signature \_\_\_\_\_ Date \_\_\_\_\_