



Freedom Healthcare Staffing

Physician's Statement and Vaccination Record

Patient's Full Name _____ Date _____

It is the responsibility of the applicant to have their physician complete and sign this section.

PHYSICIAN TO COMPLETE THIS SECTION

<input type="checkbox"/>	TB		
	PPD Skin Test (required yearly)	Date: _____	Results: _____
OR	Chest X-Ray (required if TB-Positive)	Date: _____	Results: _____
<input type="checkbox"/>	MMR	Booster 1) _____	Booster 2) _____
	1 MMR required prior to birth date of 1957, 2 MMR required after birth date of 1957		
OR	Mumps Titre	Date: _____	Results: _____
	Rubella Titre	Date: _____	Results: _____
	Rubeola Titre	Date: _____	Results: _____
<input type="checkbox"/>	Varicella (chicken pox)		
	Varicella Titre	Date: _____	Results: _____
OR	Varivax	Date: _____	
OR	Immunity by history of disease	Date: _____	
<input type="checkbox"/>	Hepatitis B		
	Vaccine #1 Date _____	#2 Date _____	#3 Date _____
		Booster Date _____	
OR	Hepatitis B Titre	Date: _____	Results: _____
OR	Hepatitis B Declination (Sign Below)	Date: _____	

Please submit supporting documentation of immunization records and all 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 communicable diseases and is able to function in his/her profession in full capacity. By signing below I certify that the above documentation is valid.

Physician's Signature
Printed Name

Date
Lic #

Hepatitis B Vaccination Declination:

I, _____, understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that, by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature _____ Date _____

1. This is a regulatory requirement under 29CFR 1910.1030. If you decline the vaccination and refuse to sign the Declination paragraph, your offer will be withdrawn or your assignment will be terminated.

OR

Hepatitis B Vaccination Acceptance:

I, _____, choose to receive the Hepatitis B vaccine offered by Freedom HCS in accordance with the OSHA Bloodborne Pathogen Standard 29CFR 1910.1030(f)(2)(i). I understand that administration of the vaccine may cause side effects, and under certain conditions is not medically advised. I have consulted with a physician and have determined that it is appropriate for me to receive the vaccine based on my potential exposure. I release Freedom HCS and its employees from any liability in connection with the administration of this vaccine.

I understand that this procedure is a series of three shots. The second dose is to be administered 30 days after the initial dose, and the third dose is to be administered six months after the initial dose. All three shots are required to complete the vaccination process. If I am not employed by Freedom HCS when the other shots are due, it will be my responsibility to see that they are completed. I also understand that the vaccine may lose its effectiveness overtime and may require periodic booster shots. These are also my responsibility if I am not employed by Freedom HCS.

Signature _____ Date _____