



Medical Release and Physician Statement

MEDICAL RELEASE AUTHORIZATION

I, _____ hereby authorize _____,
Applicant's Name Physician or Client

to release to Gifted Nurses or Robison Medical Resource Group any information acquired in my medical examination that is relative to my employment. I also authorize Gifted Nurses or Robison Medical Resource Group to release any information that is relative to employment at any of their client facilities.

Applicant Signature Date

PHYSICIAN STATEMENT

The above named patient has been examined by me and found to be in good physical and mental health, free of any communicable diseases, and able to function as a health care professional without restrictions.

Physician, Nurse Practitioner or Physician's Assistant

Printed Name License Number

Signature Title

Date of Physical Exam: _____

Office Phone Number: (_____) _____