



Medical Release and Physician Statement

MEDICAL RELEASE AUTHORIZATION

I, _____ hereby authorize _____,	
Applicant's Name	Physician or Client
to release to Gifted Healthcare any information acquired in my medical examination that is relative to my employment. I also authorize Gifted Healthcare 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 free of any communicable diseases, and able to function as a healthcare professional without restrictions.

Physician, Nurse Practitioner, or Physician's Assistant

Printed Name

License Number

Date of Physical Exam: _____

Title

Office Phone Number: (_____) _____

Corporate Office

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