CRITical OPtionS

PO Box 491615
Redding, CA 96049-1615
TRAVEL NURSE RESOURCE

1-866-CRITOPS
Toll Free: 1-866-274-8677
Office: 530-221-5655
FAX: 530-221-3911
Email: critops@charter.net
www.criticaloptions.com

PHYSICIAN'S STATEMENT

(Please print clearly)

Applicant's Full Name: _____

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

Physician to complete the following:

TB Skin Test	Date: _____Results: _____
Chest X-ray (If TB test positive)	Date: _____Results:_____
Immunizations:	
Hepatitis B Series	Date: _____Date: _____Date:_____
MMR	Date: _____
Varivax	Date: _____
Tetanus/Diphtheria	Date: _____
Titers:	
Hepatitis B	Date: _____ Immunity Present__ Immunity Not Present__
Measles (Rubeola)	Date: _____ Immunity Present__ Immunity Not Present__
Mumps	Date: _____ Immunity Present__ Immunity Not Present__
Rubella	Date: _____ Immunity Present__ Immunity Not Present__
Varicella	Date: _____ Immunity Present__ Immunity Not Present__

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

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.

_____ _____

Signature *Date*

_____

Printed Physician's Name

Applicant to complete the following:

HEPATITIS B VACCINATION

(Check and Sign Applicable Statement)

____ I understand the OSHA guidelines and have **COMPLETED** the Hepatitis B Vaccine Series.

Signature _____ *Date* _____

____ I understand the OSHA guidelines and **DECLINE** the Hepatitis B Vaccination.

Signature _____ *Date*_____

____ I understand the OSHA guidelines and need # _____ or booster, in the series. Please arrange for me to receive this dose of the vaccine.

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 Critical Options. However, I decline the Tetanus Vaccination. Furthermore, I understand that my refusal may limit my placement options in that I understand I cannot be place at a Company client (hereinafter "Facility") that requires the Tetanus vaccination.

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

Signature _____ *Date* _____