

Physician Statement of Health – Strictly Private & Confidential

Records Release Authorization

I authorize the release of any and all medical information/records to Windsor Healthcare Recruitment Group, Inc. (WHR) and affiliates and/or any of its client hospitals or institutions which are relevant to my employment. Under WHR policy and federal law, any personnel who obtain access to health information and medical records as part of employment records may use the information for purposes only permitted by law.

| | | | |
|----------------------|-------------------|---------------------|-------------------------------------|
| Title | First Name | Middle names | Surname |
| Date of Birth | | | Social Security Number (SSN) |
| Signature | | Date | |

Physician Statement

| Annual Statement of Good Health | Yes | No |
|--|------------|-----------|
| I certify that I have examined the above named individual and found them to be free of any addiction to depressants, stimulants, narcotics, illegal drugs and alcoholic substances. | | |
| I certify that I have examined the above named individual and I have found them to be in good physical and mental health, free from communicable diseases and able to function at full capacity. | | |
| If you answer NO to either question, then what additional testing or follow ups are required? | | |

| | |
|-----------------------|----------------------------|
| Physician Name | Physician Signature |
| Title | Licence Number |
| Address | Contact Number |
| Clinic Stamp | |