



WorldWide Medical
S T A F F I N G
ENGAGE THE EXPERTS

Employee Name: _____

Date: ____/____/____

I have examined the above individual and find him/her to be in good physical and mental health, free from communicable disease and able to perform the duties of a healthcare professional assigned to work in a variety of acute and/or long term care settings on a full time basis without any physical limitations.

Signature: _____
(Authorized Health Provider)

Date: _____

Printed Name: _____

Phone Number: _____

Date of Exam: _____