



Master Staffing, Inc. Professional Nursing Care & Services

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HEALTH CERTIFICATE

A physician examination is required on persons working in the health care field by the state law on Title XXII of the State of California. The applicant must return this form to Master Staffing, Inc. 10 days after receipt. Otherwise, a current health certificate or medical/physical examination verified by your physician can be attached herein.

PART I: TO BE COMPLETED BY THE APPLICANT

PERSONAL INFORMATION

Last Name _____ First Name _____
Sex Female Male
Social Security # _____ Date of Birth _____

PART II: TO BE COMPLETED BY YOUR PHYSICIAN

Blood Pressure _____ Height _____ Weight _____

MSI, Inc. requires copies of the results for the Chest X-Ray IF the TB test is positive.

STATUS/RESULT **DATE**

Last TB Skin Test (PPD) POS NEG **GIVEN:** _____
Induction _____ **READ:** _____

Chest X-ray (if TB skin test is positive or indicated by PMD or symptomatic for convertors) POS NEG _____

Allergies _____	Medications _____
EENT _____	Neck _____
Chest _____	Heart _____
Lungs _____	Abdomen _____
Scar _____	Hernia _____
Extremities _____	Back _____
Skin _____	Neuromuscular _____

This confirms that a physical examination and review of health history has been conducted and that the patient is in good health and free from any communicable diseases.

Recommendations: Unlimited Limited Rejected

Reasons _____

Physician Signature

Date

Physician Name

Address (Street, City, State, Zip)

Physician License Certificate #

Phone