MASTER STAFFING, INC.

PHYSICAL

A physical examination is required on persons working in the health care field by the state law on Title XXII of the State of California.

You can bring this form to your physician OR provide your own physical that states you are free from any communicable diseases, and are able to function as a Healthcare Professional.

PERSONAL INFORMATION

Last Name ______ First Name ______ Middle Name/Initial ______

Social Security # ______ Date of Birth ______

IMMUNIZATION STATUS

Test			Date	Results
Mumps	☐ Vaccine	☐ Titer		
Rubeola	☐ Vaccine	☐ Titer		
Rubella	☐ Vaccine	☐ Titer		
Varicella	☐ Vaccine	☐ Titer		
Hepatitis B	☐ Vaccine	☐ Titer		
Tdap	☐ Vaccine	☐ Titer		
Influenza	☐ Vaccine			

TUBERCULOSIS

A PPD test is required annually. If the PPD test is positive, employee must provide a clear chest x-ray.

Date of last TB Skin Test (PPD) ______ Date Given ______ Date Read ______ Induction ______ Results ______

***Attach lab results of Chest X-Ray and TB Questionnaire**

Date of Chest X-Ray* ______ Results ______

OTHER

Latex Allergy	☐ Yes	☐ No
Color Blind Screening	☐ Normal	☐ Abnormal
10 Panel Drug Screen	☐ Negative	☐ Positive

MASTER STAFFING, INC.

Last Name _______________ First Name _______________ Middle Name/Initial _______________

PHYSICIAN STATEMENT

This confirms that a physical examination and review of health history has been conducted and that the patient is in good health, is free from any communicable diseases, and is able to function as a Healthcare Professional.

Recommendations: ☐ Unlimited ☐ Limited ☐ Rejected

Reasons ____

____

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Physician Signature _______________ Date _______________

Physician Name _______________ Address (Street, City, State, Zip) _______________

Physician License Certificate # _______________ Phone _______________