



Clinical Edge

Innovations in Healthcare

Physical Release Form

Name _____ Job Classification _____

I have examined the above Clinical Edge applicant and have found him/her to be in good health without evidence of communicable disease and is physically and psychologically capable of employment without restriction.

Physician Name _____ Phone _____

Address _____

Signature _____ Date _____

(Documentation of a physical in the past 12 months may be substituted for the physical release)

TB Test (Mantoux)

A tuberculin test is required if unable to present documentation of a test in the last 12 months. *If unable to undergo a TB test due to past positive reaction, a chest x-ray is acceptable.*

TB or Chest X-Ray Date _____ Results _____

Physician Name _____ Phone _____

Address _____

Signature _____ Date _____