



## HEALTH STATEMENT

I, \_\_\_\_\_, have examined \_\_\_\_\_ and to the best of my knowledge he/she is in good physical and mental health, free from contagious diseases and should be able to function in his/her duties free of hazard to him/herself, fellow employees or patients

without accommodation

with the following accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Exam Date \_\_\_\_\_

## Authorization

I, \_\_\_\_\_, hereby authorize the physician named above to release my recent medical examination results, which may be relevant to my potential employment, to Mission Search.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date