



Rich Healthcare
Solutions, LLC

PHYSICAL STATEMENT AND HEALTH STATUS FORM

MEDICAL RELEASE AUTHORIZATION - *(To be completed by Employee)*

I _____ do hereby authorize _____
Employee's Printed Name *Healthcare Provider's Name*

to release any and all information acquired during my medical examination to Rich Healthcare Solutions, LLC. I also authorize Rich Healthcare Solutions, LLC to release any information on this statement, relevant to employment, to any of its client facilities.

Applicant's Signature:

Date:

HEALTH STATEMENT – *(To be completed by Employee's Healthcare Provider)*

I have examined the patient and determined that this person is in good physical and mental health, free of communicable diseases and able to function and perform all job duties without any physical limitations in his/her profession at full capacity.

Name *(Please Print)*:

Title:

Signature:

Date:

License Number:

Phone: () -

Street Address:

City: