



Medical Release and Physician's Statement

I, _____ authorize my Physician to
Clinician's Name
release any information acquired in my medical examination, relative
to my employment at Advantage Medical Professionals. I also
authorize Advantage Medical Professionals to release any information
that is relative to my employment at any of their clients/facilities.

PHYSICIAN'S STATEMENT

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

Physician, Nurse Practitioner, or Physician's Assistant Signature

Date of Physical Exam

Printed Name

License Number

Office Name and Address

Office Phone Number