



# PHYSICIAN'S STATEMENT

Convenient Home Care Services Inc.

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 Email: chc.services@yahoo.com • Web: convenienthomecare.com

Medical Release  
 Authorization

I, do hereby authorize, \_\_\_\_\_, to release to Convenient Home Care Services, Inc., its affiliates, and any of its Client hospitals or institutions any information acquired in my recent medical examination that is relevant to my employment.

\_\_\_\_\_  
 Signature Date Social Security Number

\_\_\_\_\_  
 Printed Name Date of Birth

Physician to  
 Complete this Section

TB Skin Test (Date):	Results:	MM
Chest X-ray (if TB test positive) Date:	Results:	
Rubella Titer Date:	Results:	
Rubella Titer Date:	Results:	(Exempt if born before 1957)
Mumps Titer Date:	Results:	
MMR Dates: 1.                      2.		
Varicella Titer Date:	Results:	(History of Chicken Pox)
History Date:		
Vaccine Date:		
Hepatitis B Titer Date:	Results:	
Hepatitis B Series: Date:                      Date:                      Date:		
Tetanus Date:		

*Please submit supporting documentation of immunization records and lab results.*

I have examined the individual named above, and to the best of my knowledge, he/she is in good physical and mental health, free of any communicable diseases, and is able to function in his/her profession at full capacity. By signing below, I certify that the above information is valid.

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

\_\_\_\_\_  
 Physician's Printed Name

\_\_\_\_\_  
 Address Phone