



Vital Health Staffing LLC
4141 38th St S Ste 2D, Fargo, ND 58104
Phone: 701-356-1653 | Email: info@vitalhealthstaffing.us

Physician's Statement Form

Employee Name (Print): _____ Date of Exam: _____

I have examined the above-named individual and, based on this examination and any available medical history:

☐ **Does** show no signs or symptoms of a communicable disease and is fit to work in a healthcare setting without restrictions.

☐ **Does not** meet the above criteria and may have limitations or conditions that should be addressed before working in a healthcare setting.

Additional Comments/Restrictions (if applicable):

Provider Information

Signature: _____ Date: _____

Printed Name: _____

☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner (check one)

Practice/Clinic Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____