



866.366.9793 toll free
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Physician Statement

Patients Name _____ Date _____

This section to be completed by Physician

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

Physician's Name _____ Date: _____

Physician's Signature: _____ License #: _____

***Please submit all supporting documentation of immunization records and lab results for TB, MMR, Varicella, Hepatitis B**

Hepatitis B

Hepatitis B Declination (Please complete Bloodborne Training before signing)

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at no cost to myself. However, I decline the Hepatitis B vaccination at this time. I understand that, by declining, I continue to be at risk of acquiring Hepatitis B. If in the future I continue to have occupational exposure to blood or other infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can at no charge to me.

I acknowledge, understand, and accept this Agreement. Signature _____

Date _____

Hepatitis B Vaccination Acceptance (Please complete Bloodborne Training before signing)

I choose to receive the Hepatitis B vaccine offered by Texas Select Staffing. I understand that administration of the vaccine may cause side effects and under certain conditions is not medically advised. I release Texas Select Staffing and its employees from any liability in connection with the administration of the vaccine. I understand that this is a series of 3 shots. The second dose is to be administered 30 days after the initial dose and the third is due six months after the initial dose. All three shots are required to complete the vaccination process. If I am not employed by Texas Select Staffing when the other shots are due, it will be my responsibility to complete them. I also understand that the vaccine may lose effectiveness over time and may require periodic booster shots. These are my responsibility if I am not employed by Texas Select Staffing.

I acknowledge, understand, and accept this Agreement. Signature _____

Date _____