

ClearDay

Healthcare Staffing

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Employee Health Screen (To be completed by Physician)

Patient Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Have you detected any evidence of the following?

PLEASE CHECK THE APPROPRIATE BOXES	YES	NO
Discharge from eyes		
Discharge from ears		
Discharge from nose		
Difficulty/pain in swallowing		
Respiratory infection		
Frequent cough		
Shortness of breath		
Coughing up blood		
Hepatitis		
Yellow jaundice		
Rash, skin ulcers or other skin lesions		
Cold sores		
Chicken pox		
Fever		
Allergies		
Any communicable disease(s)		

It is my professional opinion that the above named patient poses no health issues that would prevent him/her from performing the job for which he/she has been hired.

Physician's name: _____

Address: _____

Phone #: _____

The above named patient was seen by me on: _____

Signature of attending Physician _____