



MEMORANDUM

Subject: Statement of Health and Immunization

Statement of Health

Please indicate if you had, presently have, or are under a physician's care for the following by placing a (✓) in the appropriate category.

	YES	NO		YES	NO
Allergies	_____	_____	Tuberculosis	_____	_____
Asthma	_____	_____	High Blood Pressure	_____	_____
Back Pain	_____	_____	Operations	_____	_____
Chest Pain	_____	_____	Rheumatic Fever	_____	_____
Headaches	_____	_____	Other Illness(es)	_____	_____
Hearing Loss	_____	_____	Injuries Treated	_____	_____
Hernia	_____	_____	by a Doctor	_____	_____

If you answered YES to any of the above questions, please specify dates of occurrence and if any complications resulted from the described illness or injury.

Statement of Immunization

_____ I have received the complete Hepatitis B Vaccine series. Year: _____

_____ I have received the complete Hepatitis B Vaccine series.

_____ I have received the complete Mumps, Measles and Rubella Series. Year: _____

_____ I have not received the complete Mumps, Measles and Rubella Series.

I hereby certify that the above information is true and correct to the best of my knowledge.

 Name Signature Date

 Witness Name Witness Signature Date



GLOBAL PACIFIC PLACEMENT
NORTHWEST

Drug and Alcohol Consent Form

The signing of this Consent Form agreement to and cooperation of this policy is required by all persons as a condition of employment.

It is Global Pacific Placement LLC *dba* MedStaff Connect's policy not to continue employment of anyone who tests positive for any illegal substance and/or drugs in their system regardless to the frequency or amount that they may have used. Medications legally prescribed are excluded.

All employees may be required as permitted by federal and state laws to undergo a drug test for pre-employment purposes, random testing or for cause which is due to reasonable suspicion of Global Pacific Placement LLC *dba* MedStaff Connect. Employees may also be required to undergo alcohol screening when there is a suspicion of on-the-job impairment.

I understand that I may be required to submit a urine sample for chemical analysis and that this analysis will be performed by qualified personnel. I freely consent and volunteer to this request for a specimen of urine. I hereby release Global Pacific Placement LLC *dba* MedStaff Connect, the medical provider and the laboratory performing the analysis from this request to furnish my urine specimen, the testing of this specimen and the decisions made concerning my employment based upon the results of the analysis. I understand that anyone who refuses to take or who fails to pass a drug-screening test will not be qualified for employment by Global Pacific Placement LLC *dba* MedStaff Connect. I have read this policy, understand it and agree to the testing as part of the terms and conditions of my employment.

Name _____
(Print)

SSN# _____

Signature _____

Date _____

Witnessed _____
(Print)

Signature _____

Date _____

Tuberculosis Symptom Screening

Do you have any of the following symptoms?

- Cough (longer than 3 weeks)
- Coughing up blood
- Fever
- Night Sweats
- Unusual Fatigue
- Weight Loss (without trying)
- Loss of Appetite
- Shortness of Breath
- Chest Pain
- Hoarseness