



## Health Screen

NursePartners requires a pre-employment health screening.

Name of Applicant: \_\_\_\_\_

Job Classification (Check One)

- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant

I certify that the above named person has been examined by me and is found to be in good health. He/She is free of communicable disease and is able to work without limitation in the position for which he/she is seeking employment.

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

This form may be faxed or mailed to:

Attention:  
NursePartners  
1200 High Street Suite 109  
Pottstown PA 19464  
Fax: 610 323 8018