



Fireside Staffing, Inc.  
17 Gaudet Lane, Pelham, NH 03076  
Tel: 1-800-481-6056 - Fax: 603-635-1641  
www.firesidestaffing.com

PHYSICIAN'S RELEASE FORM

The undersigned \_\_\_\_\_, hereby authorizes the  
(Employee name printed)

release of the following medical information to Fireside Staffing, Inc.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Date of last physical examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mantoux Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Read: \_\_\_\_/\_\_\_\_/\_\_\_\_      Results \_\_\_\_\_

Chest X-Ray Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Results: \_\_\_\_\_

TB Status: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above named employee is in good health and free from infectious disease or conditions which would impair the performance of his/her occupation.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name (print): \_\_\_\_\_

Physician's Address: \_\_\_\_\_

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

Please complete this form and fax to:  
Fireside Staffing, Inc. (603) 635-1641