



**MayDay Staffing Solutions**  
 "Responsive Business – Compassionate Nurses"  
 16654 Soledad Canyon Rd. # 419  
 Santa Clarita, CA 91387

Phone: (888) 640-7111

website: maydayss.com

Fax: (661) 309-9073

**MEDICAL RELEASE**

Please submit supporting documentation of immunization records and lab results. DO NOT delay sending your completed application and other forms to MayDay Staffing Solutions. This form or proof of physical needs to be on files prior to the start of your employment.

Test	✓	Test	✓	Date	Results
TB Skin Test					
Chest X-Ray (If TB Test Positive)					
Rubella Titer		MMR			
Rubeola Titer		MMR			
Mumps Titer		MMR			
Varicella Titer		Varivax			
Hepatitis B Titer		Booster			
Hepatitis B Series					
Tetanus					

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Physician Name (Printed)

\_\_\_\_\_  
 Date

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

**HEPATITIS B VACCINATION**

I understand that I have been requested to supply proof of Tetanus Vaccination or agree to the vaccination prior to placement with MSS LLC. However, I decline the Tetanus Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a MSS client (hereinafter "Facility") that requires the Tetanus Vaccination. (INITIAL) \_\_\_\_\_

- A. I have already received the hepatitis B Vaccine.
- B. I decline the hepatitis B Vaccine.
- C. If interested with the hepatitis B vaccine, I may contact the Los Angeles County Health Department.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine; I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series. (INITIAL) \_\_\_\_\_

**TETANUS VACCINATION DECLINATION**

Therefore, in consideration of my employment with MSS and placement at a Facility, I agree to hold harmless both Facility and MSS, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Tetanus Vaccination.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (Printed)

\_\_\_\_\_  
 Date