



Release of Medical Information

I, _____

give ADVANTAGE MEDICAL STAFFING permission to release to facilities / clients and The State of Florida and as required for legal purposes, all information I have provided to Advantage Medical Staffing regarding my medical history. This will include but is not limited to my Immunization Records, Health Statement, TB Test and Drug Screening.

Employee's Signature

Date

A copy of this signed statement is required to be in each employee's personnel file per Florida Statute 59A-27.005.

Toll Free Fax # 1-866-655-4347
www.AMSISTHEBEST.com