



Consent For Release of Information

Certain Healthcare Provider Clients of Comprehensive Medical Staffing and its affiliates, divisions and subsidiaries require that employees assigned to them successfully pass and/or are compliant with requirements for having certain immunizations, titres, tests of physical fitness, and other tests to determine suitability to work in a healthcare setting. As a condition for consideration for assignments with certain clients of Comprehensive Medical Staffing, I voluntarily authorize Comprehensive Medical Staffing to release any such information that they have to their clients.

I hereby release and forever discharge Comprehensive Medical Staffing, its affiliates, Divisions and Subsidiaries, its clients, the laboratory, and the agents and employees of any of them, of and from any and all lawsuits, proceedings, claims or causes of action arising from the release of information, and from any action or inaction of Comprehensive Medical Staffing or its clients based on the release of information.

I understand the meaning of this release and consent form, and I have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this release and consent form solely as a condition for consideration of assignments with Comprehensive Medical Staffing clients.

_____ Name _____
Date

Signature _____

Social Security #: _____

Witnessed By:

_____ Name _____
Date

Signature _____