	hereby agree to
Your Name/Applicant/Employer Name	
and keep all personal and medical information on Nurse day and Night., and/or its patients/clients,	confidential. Further
agree not to release any information to any outside organization or agency without the approval of t	the patient/client, or

Patient / Client Confidentiality

treat more, l will as required by law or third-party payment contract.

Employee/Contractor's Name

Signature

Agency Representative

l, \_\_\_\_

Signature

## Acknowledgement

I acknowledge that I will provide the following documents before the date of my interview or employment.

- Documents provided by the applicant
- **Professional Certification**
- Physical Exam (included: PPD/Chest X-Ray & MMR)
- First Aid/CPR
- Social Security Card/Passport
- Driver's License/State ID
- Tax ID Letter and EIN
- Criminal Background Check Report
- Covid 19 Vaccination Card or letter of exemption
- Others (Please specify)

Applicant/Contractor's Name

Signature

Agency Representative

Signature

Date

4001 Century Road, Baltimore, Md 21206 Email: info@mdhealthcare.com

MARYLAND

Date

**Submit** 

Date

Date