PO Box 340
Glenwood Springs, CO 81602
U.S.A

CONSENT FOR BACKGROUND CHECK

DRUG SCREEN, MEDICAL RECORDS RELEASE

Prior to offering you participation in a US NurseLink placement as an RN/LPN, in a Healthcare Facility, you are required to consent to a background check, urine drug screen, and medical records release.

I, (Please Print Full Name) _____, have been fully informed by US NurseLink of the reason for the background Investigation, Drug Screen and Medical Records Release and freely give my consent.

I also understand that the results of this Background check, Drug Screen, and Medical Records may be shared with US NurseLink partner organizations and/or recipients of its services. I understand that this information along with my medical records and a copy of this release may be sent to these organizations for the purpose of meeting documentation compliance requirements for my assignment. I release US NurseLink including any of their employees / representatives / affiliate providers /contracted facilities/ companies of any liability due to the transmission of this information.

Name: _____
First Middle Last

Social Security Number _____Date of Birth_____

Drivers License Number: _____State Issued: _____

Address:_____

City: _____State:_____ Zip Code:_____

I authorize these test results to be released to US NurseLink.

_____ _____
Participant Signature Date

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