

Last Name, First Name

/ /

- Copy of License + on display
- Copy of CPR certification
- Copy of Immunizations (Hepatitis B, Flu, TB Skin Test)
- Complete I-9 Form (include documents for identity)
- Complete w-4 Form
- Read "New Hire" Guidelines
- Complete OSHA training / /
- Complete Infection Control training / /
- _____
- _____
- _____

Doctor Signature: _____

Doctor Print: _____

Witness Signature: _____

Witness Print: _____