

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: _____