

To Whom It May Concern:

Per The Joint Commission standards, with approval of Summit Health Boards of Directors, you must report your health status at the time of initial and reappointment credentialing (within the past two years).

PLEASE HAVE A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER COMPLETE THE FOLLOWING SECTION*

RETURN IT TO PROVIDER RESOURCES:

TO: EXAMINING PHYSICIAN:

RE:

Please indicate whether _____ has or had any mental or physical health problems that might affect his/her ability to fulfill his/her duties as a medical staff member or exercise the clinical privileges requested.

NAME (PLEASE PRINT)

LICENSE #

Signature

Date

(Note: This form cannot be completed by nurse practitioners or physician assistants if the practitioner who is applying supervises or collaborates with said nurse practitioner or physician assistant.)

Approved by Board of Directors - 03/95; 05/2012