last Name

Date of Birth lmmLddLvvvv}

I I
Current Address

Previous Address

P.O. Box 190996

Atlanta, GA 3 1119

Telephone: (404) 633- 7433

Fax: (888) 633- 7430

AUTHORIZATION to

State Zi!;! Code

City State ZiQ Code

Within the last seven years, have you been convicted of a misdemeanor, other than a minor traffic infraction, or a felony? 0 Yes 0 No
If YES, please explain:

Please list any prior criminal or civil ~onvictions or traffic violations, no matter what the final dispositio n (i.e. felony, misdemeanor, etc.). Prior convictions do not automatically disqualify an appilcant from employment.

Year City

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Atlanta, GA 31119
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AUTHORIZATION to REQUEST RECORDS

MedSide may request from time to time, or has decided to request, consumer reports in connection with your eligibility for hire or continued employment as a MedSide employee. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment,
promotion, reassignment, or retention as an employee. Such reports, if obtained, will be prepared by a
consumer reporting agency and may contain information concerning your credit standing'()r worthiness,
character, general reputation, personal characteristics, or mode of living. The types of reports that may
be requested include, but are not limited to, credit reports, motor vehicle records, criminal records
checks, court records checks, and/or summaries of educational and employment records and histories.

By signing below, you authorize the Agency to investigate thoroughly your references, work record, edutaininu

education and other matters related to your refsuitabilitTj 0.0363 Tc 10.8 52 Td (youf)Tj ET BT /Suspect <</Co and you

CONSENT TO PHOTOGRAPH

P.O. Box 190996

Atlanta, GA 31119

Telephone: (404) 633-7433

Fax: (888) 633-7430

lAST NAME FIRST NAME MIDDlE INITIAL SOCIAL SECURITY NUMBER

I, hereby authorize the MedSide staff or other designated person(s) to take pictures of me alone and/or with a group.

I am an Employee or Contractor of MedSide Corporation, and I agree that during and after my employment, MedSide may use and publish my name, picture or voice, including a video or sound recordings and broadcasts, for purposes relating to its business, without further permission by or compensation to me. This form of advertisement includes but is not limited to Internet website, newspaper ads, educational

TUBERCULOSIS SCREEN

Have you ever had a positive reaction to PPD?
If YES, did you receive a prophylactic treatment?
Have you ever been diagnosed with Tuberculosis?
If YES, were you treated?
Have you ever had a chest x-ray to test for Tuberculosis?
If YES, was it ever positive?
Have you ever taken the BCG vaccine?

TB QumtoNNAill£ {check any symptoms that you have had within the last year):

Yes No

0 0 Cough lasting more than 1 week
0 0 Coughing up blood or blood-tinged sputum
0 0 loss of appetite
0 0 Unexplained weight loss
0 0 Exposure to Tuberculosis
0 0 Difficulty breathing
0 0 Shortness of breath
0 0 Other:-------------------

0 Yes 0
0 Yes 0
0 Yes 0
0 Yes 0
0 Yes 0
0 Yes 0
0 Yes 0

Yes No
0 0 Weakness
0 0 Fatigue
0 0 Fever
0 0 Chills
0 0 Malaise
0 0 Chest pains
0 0 Night sweats

I certify that I have answered these questions honestly to the best of my knowledge.

Employee Signature Date

No
No
No
No
No
No
No

PPD ADMINISTRAllON 0 See Attached Record 0 Not Applicable (Specify Reason In Comments)

0 Unsure
0

0

9. Do you have a psychoneurotic disability following confinement for treatment in a recognized medical or
mental institution lor a period in excess of 6 months? 0 Yes 0 No

10. Do you have any condition or have you sustained any injury that would have an efiect on your capacity to
perform the d 0.2.82 699.7f 9.1503 0 06Ae 1 9 9.3747 0>o. 699.73 Tm (d 0.2.82 699.7f 9.1503 0 06Ae 1 014.85 Tm (hsa

or

Yes any7o. 6 (( )j p j ((

Yeseses Yes Yeses Yes Yes Yes Yes Yes

CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT (the "Agreement") is entered into as of this __ th day of 2014 (the "Effective Date") by and between MedSide Corporation, a Georgia corporation, for and on behalf of itself, and its present and future affiliates and subsidiaries, if any (the "Company") and
("Intern").

Background. Intern is currently interning, or upon execution of this Agreement will be interning, with the Company. In this position, Intern has or will have access to Trade Secrets and Confidential Information and frequent opportunity for contact with present and potential customers, patients, and/or referral sources of the Company. In consideration of the foregoing and the mutual covenants and agreements contained in this Agreement, the Company and Intern covenant and agree as follows:
1. Confidentiality. In the course of Intern's internship with the Company, Intern has had access to and will have access to the Company's most sensitive and most valuable trade secrets, proprietary information, and confidential information concerning the Company, its present and future business plans, pricing information, development projects, clients, patients and business affairs which constitute valuable business assets of the Company. The Company has invested and will continue to invest considerable effort and expense in the development of and provision of services, and has taken steps and will continue to take steps necessary to protect the secrecy of the Confidential Information and Trade Secrets of the Company.
(a) Intern acknowledges and agrees that Intern's position with the Company will afford
Intern an opportunity to access Confidential Information and Trade Secrets of the Company which are not generally available to the public. The misappropriation, unauthorized use or disclosure of such Confidential Information and Trade Secrets would cause irreparable harm to the Company. Intern recognizes and agrees that the Company must take reasonable steps to safeguard the confidentiality of such information.
(b) For purposes of this Agreement:
(i) The term "Trade Secrets" means information of the Company, without regard
to form, including, but not limited to, technical or non-technical data, formulas, patterns, compilations, programs, devices, methods, techniques, drawings, processes, discoveries, developments, designs, financial data, financial plans, product plans, technical document~tion and specifications, or lists of actual or potential clients, client schedules, patients or suppliers which: (a) derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
(ii) The term "Confidential Information" as used in this Agreement means
confidential or proprietary information of the Company, other than Trade Secrets, of value to the Company (including but not limited to, that information held by a court of competent jurisdiction to not rise to the level of a Trade Secret).
(c) Intern agrees to hold the Confidential Information and Trade Secrets in a fiduciary capacity for the benefit of the Company and shall not directly or indirectly use or disclose, except

as authorized by the Company, any Confidential Information and Trade Secrets that Intern may
have or acquire (whether or not developed or compiled by Intern).
(d) Intern agrees that during internship with the Company and following cessation of
internship with the Company for any reason Intern shall not directlySuspect <</Conf 0 >>BDC /T1c1Intern

8. Severability. Sections 1, 2, 3, 4 and 5 of this Agreement are separate and independent covenants, and the invalidity or unenforceability of one or more of these provisions or covenants shall not affect the validity or enforceability of the remaining provisions or of the other covenants of this Agreement. If any covenant contained in this Agreement is deemed void or unenforceable, the void or unenforceable covenants shall be redrafted or otherwise modified to make such covenants valid and/or enforceable.

9. Intentionally Omitted

10. Third Party Relationships and Information. Intern represents and warrants that Intern's execution of and performance of this Agreement will not

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IN WITNESS WHEREOF, Intern and the Company have executed and Eam <002D0 -0.00ave