

Occupational Health Records Release Form

Employee Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Records Release Details

Name of Organization or Person to Release Records To

Organization/Person Address

Phone Number

Fax/Email

Purpose of Release

Records to be Released

Please specify which records may be released:

Authorization

I hereby authorize the release of my occupational health records as indicated above.

Signature

Date

Date

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