DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center
Federal Occupational Health Service
4550 East West Highway, Ninth Floor
Bethesda, MD 20814

MEDICAL RELEASE

HHS/Health Resources and Services Administration
Division of Health Careers Diversity and Development

I, _____ authorize a Federal Occupational Health (FOH) designated physician to contact my physician, _____, to receive medical records and discuss my medical condition.

I understand that the information discussed is to be confidential. Relevant information may, however, be shared with supervisors/managers concerned with work restrictions and/or accommodations, personnel who may provide first aid and emergency treatment, and government officials investigating compliance with the ADA.

_____ _____
Name Date

_____ _____
Witness Date

D5H03HE25002