

University Employee Occupational Health Clinic – UEOHC



RELEASE OF MEDICAL RECORD INFORMATION

CB# 1649 145 N. Medical Dr.
Chapel Hill, NC 27599-7705
Tel: 919-966-9119 Fax: 919-966-6337

Employee Name:

Date of Birth:

Address:

PIN or last four digits of SSN:

NOTE: You are not required to disclose your social security number (SSN). Your SSN is requested to assist us in obtaining your medical records.

Dates Seen:

I hereby authorize

(Name of doctor or hospital RELEASING information)

(Address)

to release to the University Employee Occupational Health Clinic at UNC-CH

the following information:

I understand this information will be used for:

Immunization Review

Other:

I understand I may revoke this consent at any time except to the extent that action has already been taken on it and that it will expire automatically ninety (90) days from the date below.

Signature of Employee

Date

Witness

Relationship to Employee