

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:

UNC-CH MRN or UNC PID:

Dates Seen:

I hereby authorize University Employee Occupational Health Clinic at UNC-CH

to release to:

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