

(Sample) Medical Release Form

RELEASE OF MEDICAL INFORMATION

This will allow the release of my medical information as it pertains to my fitness for work. This release is valid only for the person or persons specified hereunder and for this situation only. This release is valid for a period of one month from the date shown below or as long as my work assignment is modified for medical reasons. This information will be held in confidence other than that which is necessary to ensure the appropriateness of the job assignment. A medical diagnosis is not required.

Please release information to:

(Name of Firm)

Name:

Print

Signature:

Witness:

Date:
