

# Authorization for the Release of Protected Health Information

### PLEASE PRINT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

Last First MI

## EMPLOYEE ID: \_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY (LAST 4 DIGITS ONLY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RELEASE THE FOLLOWING DOCUMENTS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TB Skin Test (PPD)** |  |  |  |
|  | **TB Blood Test** |  |  |  |
|  | **CXR** |  |  |  |
|  | **Hepatitis B Vaccines** |  |  | **Hepatitis B Titer** |
|  | **Varivax Vaccines** |  |  | **Varicella Titer** |
|  | **MMR Vaccines** |  |  | **Rubella Titer / Rubeola Titer / Mumps Titer** |
|  | **Seasonal Flu Vaccine** |  |  |  |
|  | **Td/Tdap Vaccine** |  |  |  |
|  | **Other(Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee