



Social Security Number xxx-xx-4467

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Greene, Shimira 2/8/1982
Last Name First Name Middle Initial Birthday or Age
Address 1102 Cedar Creek Drive Montgomery, AL (301) 456-4037
Street, City and State Telephone Number

I, the undersigned, hereby authorize SHIMIRA GREENE
Health Care or Health Services Provider

To provide from my medical record the information specified below to Occu-Med, Medical Director,
2121 West Bullard Ave, Fresno, CA 93711 and

Name of Any Duly Authorized Representative(s)

for the purpose of evaluating health status in relation to specific essential job requirements.

I further authorize Occu-Med to provide this information from my medical record to duly authorized representatives of my employer, if requested.

The information supplied is to be restricted to _____

and/or 12 MONTHS
Medical Condition or Injury Specified Time Period to be Covered

and/or _____
Other Type of Information Specified

Release or transfer of the specified information to any person or entity not specified herein is prohibited.
An additional written consent must be obtained for a proposed new use of the information or for its transfer to any person or entity.

This authorization shall be valid until 12/31/2022
Date

Signature [Signature] xxx-xx-4467 08/20/2021
Social Security Number Date

or _____
Personal Representative Date