

Authorization to Release Medical Information

California State University, Long Beach Occupational Health Program

Date: _____

I, _____, authorize the release of my medical examinations and test results to California State University, Long Beach (CSULB), Safety and Risk Management (SRM). California State University, Long Beach Office of Safety and Risk Management will receive and forward all medical records pertinent to me and my employment at California State University, Long Beach to California State University, Long Beach's Student Health Services (SHS) for storage. These records will be kept in confidence, and will not be made available to anyone, except the physician, medical records manager and the official State regulatory officials, e.g., Cal/OSHA.

Signature of Employee

Employee Identification Number