

# Authorization to Release Previous Medical Information

California State University, Long Beach  
Occupational Health Program

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

I, \_\_\_\_\_, authorize the release of my medical examinations and test results from my previous places of employment 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 from my previous places of employment. 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.

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*Be sure to include address of previous employer. Use a separate sheet of paper if necessary, to list previous employers if there has been more than one during the past three years, and the employers have medical results on this employee.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Employee Identification Number