



EMPLOYEE HEALTH

The University of Alabama at Birmingham

MEDICAL RECORDS RELEASE FORM FROM UAB EMPLOYEE HEALTH

I, _____, hereby authorize UAB Employee Health to
(Print Name)
release the results of screening tests, immunizations, and/or clinic notes from UAB Employee Health. I am choosing one of the following as a form of delivery for my records:

- Pick up in person
- Scan to email address: _____
- I give authorization for my records to be released to _____
(name of person to pick up – must bring photo id)

(Print Name)

(Signature)

(Blazer ID)

(Social Security Number)

(Date of Birth)

(Date)

(Contact Number)

Provided by: _____ Date: _____
(UAB Employee Health Representative)