

BLOODBORNE PATHOGENS POST-EXPOSURE

MEDICAL RELEASE/AUTHORIZATION

To Whom It May Concern:

In accordance with Industrial Commission rule 4121-17 and “as provided in Division (C) of Section 4123.651 of the Revised Code, the claimant shall promptly provide a current signed release of medical information, records, and reports relative to the issues necessary for the administration of the claim when requested by the employer.”

I the undersigned do release medical information to Miami University or its authorized representative. I authorize any physician, hospital, medical attendant, insurance company, state or federal agency to provide Miami University or its authorized representative any medical information, records, and reports they may have acquired regarding my occupational exposure/injury/illness.

Employee/Claimant: _____

Social Security Number: _____

Employer: MIAMI UNIVERSITY

Employee/Claimant Signature

Date