WCSIT

AUTHORIZATION FOR MEDICAL RECORDS AND REPORTS

IASB ENDORSED

DATE: _____

TO WHOM IT MAY CONCERN:

This will authorize you to give _____ or its representatives any and all medical or other information concerning _____ (name of employee) which may be requested regarding his/her physical condition and/or treatment rendered by you, and if necessary, to allow _____ or any physician appointed by them to examine any x-rays or records you have regarding condition and/or treatment.

A photocopy of this authorization shall be effective and valid.

SIGNED: _____

ADDRESS: _____

_____