



ENVIRONMENTAL HEALTH & SAFETY | OCCUPATIONAL HEALTH

REQUEST FOR MEDICAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Formerly known as: \_\_\_\_\_

Employee/Student ID #: \_\_\_\_\_

Sex:     F     M           Home/Cell Phone Number: \_\_\_\_\_

Department/School: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Records may be sent via secure email or picked up at the clinic during business hours.

Requested method of delivery: E-mail           Pickup

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I, \_\_\_\_\_ request medical information from my health records with CU Denver | Anschutz Occupational Health Program.

Health records are to include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Print Name: \_\_\_\_\_

**Requests may take up to 10 business days to process.**

**For Clinic Use Only**

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

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