



## **EMPLOYEE RELEASE OF MEDICAL INFORMATION FORM**

### **TO WHOM IT MAY CONCERN:**

I respectfully request and authorize my treating physician, his or her agents and employees and any other medical personnel to furnish to the Board of School Commissioners of Mobile County, its agents or employees, any and all medical reports, and other related information, in his/her or it's custody, possession or control related to any illnesses or injuries that I may have incurred or may incur while employed by the board of School Commissioners of Mobile County which I allege is a Job-Related Injury. I further authorize you, your agents and employees to discuss the contents of such records or reports or other related information and to provide orally, any additional information to be used in processing any Job-Related Injury claims now or in the future.

I hereby release the aforementioned physicians, medical personnel, Board of School Commissioners of Mobile County and any agents, servants and employees of the physicians, medical personnel, Board of School commissioners of Mobile County from any liability, loss and causes of action that may arise now or in the future as a direct or indirect result of or related to this request, and the release, receipt for use of any information that may be provided pursuant to this medical release.

### **I UNDERSTAND THAT THIS RELEASE DEALS WITH JOB-RELATED INJURIES ONLY.**

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DATE

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Employee Signature

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School/Department

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Witness