

Federal Mine Safety and Health Review Commission

Appendix B

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

EMPLOYEE/APPLICANT NAME: _____

I authorize and request: _____
**(Name of doctor, hospital, or other health professional
and/or organization)**

(Address)

to release to _____
(Name of individual to receive information)

(Address)

information related to the following condition: _____

Please Fill Out Attached Medical/Health Professional Information Form

I understand I may revoke this consent at any time except to the extent that action has already been taken on it and that it will expire automatically one year from the date indicated below.

Signature of Employee/Applicant

Date

Witness

Date

The Genetic Information Nondiscrimination Act, 42 U.S.C. 2000ff - 1(b) prohibits an agency from requesting genetic information of an employee or family member of an employee. No such genetic information is to be provided pursuant to this release.