



Medical Release Authorization Form

General Medical Release Authorization: I do hereby authorize, _____, Physician / Facility, to release to *Onward Healthcare*, its affiliates and any of its client hospitals or institutions any information acquired in my recent medical examination that is relevant to my employment. Furthermore, I do hereby authorize *Onward Healthcare* to release to its client hospitals or institutions any information acquired in my recent medical examination that is relevant to work placement.

Workers Compensation / Medical Release Authorization:

I, (print name) _____, Employee Name, hereby authorize Onward Healthcare to request and obtain any and all records relating to any and all medical treatment(s) provided to me as a result of stated job-related incident / injury, regardless of its nature, for which I have received treatment or filed a claim, while employed by *Onward Healthcare*. The scope of this release includes, but is not limited to, initial treatment and follow-up reports, treatment notes, medical bills and test results.

CLAIM REPORTING PROCEDURE:

- Employee must report injury to his / her supervisor on site on an immediate basis
- Employee must notify his / her recruiter to complete a Workers Compensation Incident Report within 3 days of incident / injury in order for claim to be processed

Employee Signature: _____

Name Printed: _____

Date: _____

Social Security #: _____

Date of Birth: _____

A facsimile or copy of this authorization shall be considered effective and valid as if it were the original. This release shall remain in effect until specifically rescinded on behalf of myself.