



EMPLOYEE HEALTH

The University of Alabama at Birmingham

MEDICAL RECORDS RELEASE FORM

I, _____, hereby authorize _____
(Print Name) (physician office/employee health office)

_____ to release my screening tests, immunizations, and/or clinic notes to UAB

Employee Health. I am choosing one of the following as a form of delivery for my records.

Scan to email address: _____ employeehealth@uabmc.edu _____

Fax to number: _____ (205) 975-6900 _____

Mail to: _____ UAB Employee Health _____

_____ 620 19th Street South – SW 123 _____

_____ Birmingham, Alabama, 35249 _____

(Print Name)

(Signature)

(Date of Birth)

(Date)

(Contact Number)

If no records are available, please notify UAB Employee Health via email at employeehealth@uabmc.edu. Thank you.