WakeMed
Release of Information/ Occupational Health
3000 New Bern Ave
Raleigh, NC 27610
Phone: 919-350-7370 Fax: 919-350-7874

Employee Name: _____
Social Security #: _____
Date of Birth: _____

This form is provided to assist you in obtaining your immunization records from employers, providers, schools, etc. Please send the completed and signed form to the appropriate institution(s):

Records Requested From:	Records Released To: (mail, fax, or email)
Facility/Party: _____	Facility/Party: **WakeMed Health & Hospitals Occupational Health & Safety**
Street Address: _____	Address: **3000 New Bern Avenue Raleigh, NC 27610**
City/State/Zip: _____	Phone #: **919-350-7370**
Phone #: _____	Fax #: **919-350-7874**
Fax #: _____	Email: **OccupationalHealth@wakemed.org**
Date(s) of Employment: _____	

Please include all of the following information:

- TB Skin Test (within the past 12 months)
- History of positive skin test must include actual reading and chest X-ray
- Vaccinations (DT, Tdap(1), MMR(2 Measles, Mumps, Rubella), Varicella(2) or
- Lab Tests (Hepatitis B Antibody, Rubeola, Mumps, Rubella Varicella Zoster)
- Influenza Vaccine
- Other: _____

The above information is to be released for Employment purposes.

I understand that my medical records (including psychiatric, alcohol abuse and drug abuse information as well as information regarding the diagnosis / treatment of HIV, or other sexually transmitted diseases) may be protected by Federal Regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent automatically expires as described below.

Expiration Date: Specifications of the date, event or condition upon which this consent expires: (if left blank this consent expires within one year of the date it was signed.) _____

Executed this _____ day of _____ 20 ____

Employee Signature _____ Witness Signature: _____

Prohibition of Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 21). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains as otherwise permitted by 42 CFR Part 21. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.