REQUEST FOR MEDICAL AND EXPOSURE RECORDS ACCESS

(Full Name of Employee or Legal Representative) (Please Print)

herby request access to (my) (___________________________________________________)’s
(Full Name of Employee) (Please Print)

[] Medical Records    [] Exposure Record

As it/they relate(s) to the following conditions of (my) (his/her) employment or place of employment:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I understand I will be provided access to the requested record(s) within a reasonable time, place, and manner, but in no event later than fifteen (15) days after the date of this request. I further understand that whenever a record has been provided previously without cost, I may be charged reasonable, non-discriminatory administrative costs for additional copies.

______________________________________________________________________________
(Signature of Employee or Legal Representative)

______________________________________________________________________________
(Date of Signature)

If you have questions, please call the Environmental Health and Safety Office at 657-278-7233.

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