



# Environmental Health & Safety

## 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.