



Public Safety Health and Wellness
Consent and Authorization for Release Form

I hereby consent to an evaluation by the physician or physician assistant of Public Safety Health and Wellness.

I hereby authorize Public Safety Health and Wellness to release one of the following letters to: _____:

- “Fit for Duty”
- “90-Day Fit for Duty”
- “Unfit for Duty”

The information obtained during this physical will only be shared between you and your physician with our physician and/or physician assistant performing the examination only.

I understand that I have the right to revoke this authorization, if the revocation is in writing, except if:

- Public Safety Health and Wellness has to take action in reliance upon this authorization
- Or, if this authorization was given as a condition of obtaining insurance coverage, other law provides that the insurance company has the right to contest a claim under the insurance policy.

This Authorization shall expire 360 days after the date of this authorization.

I have been given the opportunity to review a copy of Public Safety Health and Wellness’s Notice of Privacy Practices.

By signing this authorization, I acknowledge that I have read and understand all of the aforementioned information and agree to it.

(Signature)

(Date)

(Print Name)