



**AUTHORIZATION TO RELEASE EMPLOYEE HEALTH INFORMATION**  
**PLEASE ALLOW UP TO 7 DAYS FOR ALL REQUESTS TO BE PROCESSED**

Employee Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby authorize Williamson Health to release the following information to me:

- TB       Flu       HepB       Tdap       MMR Injections  
 Rubella & Rubeola Titers       Fit Testing Results       COVID testing/vaccination

.....  
 I would like the requested document(s) emailed to me at: \_\_\_\_\_

**\*Please note, Williamson Health will not email document(s) to anyone other than an employee.**

**\*Please email completed form and a copy of your badge or driver's license to  
[occupationalhealth@williamsonhealth.org](mailto:occupationalhealth@williamsonhealth.org)**

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**FOR HUMAN RESOURCES/OCCUPATIONAL HEALTH USE ONLY**

Request submitted by: email

Identification provided: DL or Badge **AND** SSN or DOB

Documents released to employee by: email

Date: \_\_\_\_\_ Initials: \_\_\_\_\_