



NJCU ENVIRONMENTAL HEALTH & SAFETY DEPT- G 420
2039 John F. Kennedy Blvd., Jersey City, NJ 07305
PH # 201-200-2151; EHS@njcu.edu

Medical Record Release Form

Name _____

(PLEASE PRINT) FIRST NAME MIDDLE INITIAL LAST NAME

Address _____

CITY STATE ZIP

NJCU Employee ID # _____ or Last 4 digits of SS # XXX – XX - _____

D.O.B. _____ Contact Phone # _____

MO/ DAY/YEAR

TO OBTAIN COPIES OF YOUR MEDICAL RECORDS (work-related):

I hereby authorize New Jersey City University, Environmental Health and Safety Dept., to release a copy of the medical record(s) requested below. *Information to be released, if *available* (please check):

- Audiogram Results**
- Respirator/ Fit Test Results**
- Hepatitis-B Vaccine**

* If records are unavailable, employee may contact the health care facility directly. As per 1910.1020(a) activities involved in complying with the access to medical records provisions can be carried out, on behalf of the employer, by the physician or other health care personnel in charge of employee medical records.

Please send my records to:

Name: _____

Address: _____

Email: _____

Copy taken in-person by employee

Employee Signature (*Required*) _____ Date _____

MO/ DAY/YEAR

As per 1910.1020(e)(1)(i) whenever an employee or designated representative requests access to a record, NJCU-EHS shall make reasonable attempts to provide access to the record within **fifteen (15) working days**. NJCU-EHS shall within the fifteen (15) working days apprise the employee or designated representative requesting the record of the reason for the delay and the earliest date when the record can be made available.

(Form Revised October 2021)