

## APPENDIX E

### Sample release of information form

I authorize my treating medical practitioner to provide the following information to the Human Resource person responsible for my file information:

- verification that I am experiencing an injury or medical condition that currently prevents me from performing some or all of the duties of my job
- whether returning to work is possible, and if so when can I return to work
- what, if any, accommodations should be made to my job duties or in the workplace to enable me to safely return to work

*To be clear, you are not required to provide a diagnosis; the release of any medical information is limited to answering the attached medical questionnaire, as well as clarifying the provided answers.*

I understand that I will be provided with a copy of this information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date