



ENVIRONMENTAL HEALTH AND SAFETY | OCCUPATIONAL HEALTH

## Medical Records Request

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Formerly known as: \_\_\_\_\_

Employee/Student ID: \_\_\_\_\_

School/Department: \_\_\_\_\_

Email: \_\_\_\_\_

**Records may be sent via secure email (preferred) or picked up at the Occupational Health clinic during business hours.**

Requested method of delivery:      Email      Pickup

I, \_\_\_\_\_ request medical information from my health records with the CU Denver | Anschutz Occupational Health Program.

Health records are to include \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Request may take up to 10 business days to process.  
Incomplete or inaccurate information may delay processing.**

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### For Clinic Use Only

Processed: \_\_\_\_\_ Date: \_\_\_\_\_

Delivered: \_\_\_\_\_ Date: \_\_\_\_\_